



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

State Accident Report Forms Catalog 1995 Update

State Accident Report Forms 1995 Update

This publication contains a consolidation of accident report forms used by all the States. Its purpose is to provide a comparative accident data reference document for use by the States, National Highway Traffic Safety Administration (NHTSA) Regional Offices, other Federal agencies, and private organizations.

Many States have upgraded or revised their accident report forms since the publication of the State Accident Report Forms Catalog was last updated in 1992. This publication will be updated and reprinted every second or third year to maintain its timeliness and relevance.

Also included in the Catalog are lists for the Critical Automated Data Reporting Elements (CADRE) and the National Governors' Association (NGA) data elements. NHTSA supports the use of uniform police accident report form data elements, such as CADRE, and encourages the use of the ANSI D-16 and D-20 standards. The purpose of the ANSI D-16, Manual On Classification Of Motor Vehicle Traffic Accidents, is to provide a common language for collectors and users of traffic accident data. The purpose of the ANSI D-20, Data Element Dictionary For Traffic Records Systems, is to provide a common set of data element coding instructions as these relate to traffic safety, driver licensing and vehicle registration.

We wish to thank all State personnel who contributed and assisted in compiling this document, and we hope that it will help the States in improving their accident data collection and reporting.

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ALABAMA UNIFORM TRAFFIC ACCIDENT REPORT

DPS
Accident No. _____

Shaded Areas To Be Used By Data Processing Only

Sheet _____ of _____ Sheet(s) Microfilm No. _____ Local Case No. _____

LOCATION AND TIME		Date		Time	AM PM	Day of Week M T W TH F S S	County	City	Rural	Highway Classification I—Interstate S—State F—Federal C—County	M—Municipal P—Private Prop. O—Other	Local Zone												
<input type="checkbox"/> UNIT NO <input type="checkbox"/> LEFT SCENE <input type="checkbox"/> COM VEH <input type="checkbox"/> UNIT 1 <input type="checkbox"/> VEHICLE <input type="checkbox"/> DRIVER <input type="checkbox"/> UNIT NO <input type="checkbox"/> LEFT SCENE <input type="checkbox"/> COM VEH <input type="checkbox"/> VEHICLE OR PEDESTRIAN <input type="checkbox"/> DRIVER <input type="checkbox"/> UNIT NO <input type="checkbox"/> LEFT SCENE <input type="checkbox"/> COM VEH <input type="checkbox"/> VEHICLE OR PEDESTRIAN	On Street, Road or Highway		At Intersection of or Between (Node 1)		And (Node 2)		Street or Road Code		Node Code	1 2	Feet	Node From 1 or 2 (Circle One)												
	Intersection Related 1 - Node 1 2 - Node 2 N - Not Int. Related		Mile Post		Control Access 1 - Main Rd 2 - Frontage Rd 3 - Interchange 4 - Entrance Ramp 5 - Exit Ramp 6 - N/A		Prime Contr Circms		Prime Contr Unit No															
	First Harmful Event		Event Location		Distance to Fixed Object		FT.																	
Driver Full Name _____ Street Address _____ City and State _____ ZIP _____ Telephone No. _____ DOB _____ Race _____ Sex _____ DL State _____ Driver License No. _____ DL Class _____ DL Status _____ List Restrictions _____ CDL Status _____ List Endorsements _____ Residence Less Than 25 Miles _____ Place of Employment _____ Liability Insurance Co. _____ Social Security No. _____ Driver Condition: 1 - No Defect 2 - Apparently Asleep 3 - Fatigued 4 - Ill 8 - Other 9 - Unknown Sobriety _____ Officer's Opinion: _____ Alcohol: Yes No Unk Type Test Given: 9 - No Test 1 - Blood Test 3 - Urine Test 5 - Refused Test Test Results _____ Maneuver _____ Travel Road Name _____ Road Code _____ Travel Direction N E S W A-Not on Rd U-Unk Other Contr Circumstance _____ Prime Harm Event _____ Event Loc _____ Veh Year _____ Make _____ Model _____ Body _____ V.I.N. _____ License Tag Number _____ State _____ Year _____ Owner's Name _____ Street or R.F.D. _____ City _____ State _____ ZIP _____ <table border="1"> <tr> <td>Type</td> <td>Usage</td> <td>Hazardous Cargo</td> <td>Attachment</td> <td>Contributing Defect</td> <td>Circle areas Damaged On Diagram</td> </tr> <tr> <td>1 - Auto 2 - StaWagon 3 - Pick Up 4 - Van 5 - Truck Tractor 6 - Other Truck 7 - Comm. Bus 8 - School Bus 9 - Other 10 - Motorcycle</td> <td>1 - Personal 2 - Driver Trng. 3 - Construction 4 - Ambulance/Paramedical 5 - Military 6 - Taxi 7 - Transport Prop. 8 - Agriculture 9 - Wrecker/Tow</td> <td>1 - None 2 - Explosive 3 - Gas 4 - Flam/Combust Liq 5 - Flammable Solids 6 - Oxidizer/Peroxide 7 - Poison 8 - Radioactive Matl. 9 - Corrosive Material 98 - Other</td> <td>1 - None 2 - Mobile Home 3 - Semi Trailer 4 - Utility Trailer 5 - 4-Wheel Trailer 6 - Boat Trailer 7 - Camper Trailer 8 - Towed Vehicle 9 - Tanker 10 - Pole Trailer 11 - Double Trailer 98 - Other</td> <td>97 - None 1 - Brakes 2 - Steering 3 - Power Plant 4 - Suspension 5 - Tires 6 - Exhaust 7 - Lights 8 - Turn Signal 9 - Windows/W. Shield 10 - Restraint Sys. 11 - Wheels 12 - Truck Coupling 13 - Cargo 14 - Fuel System 98 - Other 99 - Unknown</td> <td>10 Under Carriage 11 N/A 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000</td> </tr></table>													Type	Usage	Hazardous Cargo	Attachment	Contributing Defect	Circle areas Damaged On Diagram	1 - Auto 2 - StaWagon 3 - Pick Up 4 - Van 5 - Truck Tractor 6 - Other Truck 7 - Comm. 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LOCAL CASE NO. _____

AST No. 34 Rev. 4/86

Unit No.	Seat Pos.	Injury Type	Age	Sex	Ejection	First Aid By
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Alabama

Alabama

Diagram Not to Scale = (20 feet)		Location		Time		A.M. P.M. MT.	
Diagram Scale 1 inch (10 feet)							
Signature of Reporting Officer(s)		Officer ID	Reporting Police Agency ORI		DATE		
					Month	Day	Year

Original size document – 8-1/2 X 11

Alabama Uniform Traffic Accident Report Truck/Bus Supplemental Sheet

AST-34T
1/84

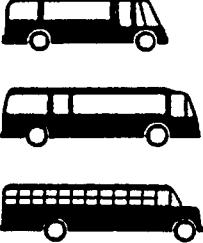
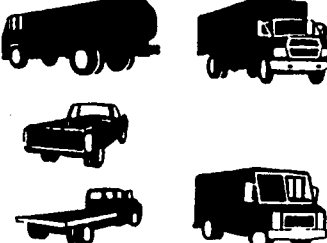
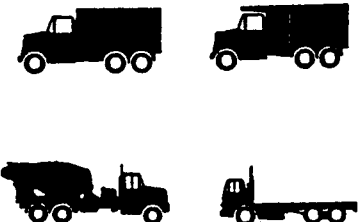






Unit No. _____
(same as on main report)

Sheet _____ of _____ Sheets

Alabama

General Instructions																												
<p>Complete this form for each qualifying vehicle ONLY if the accident meets BOTH of the following criteria:</p> <ol style="list-style-type: none"> The accident involved a qualifying vehicle (truck with 6 or more tires or Haz/Mat placard, or a bus designed to carry 16 or more, including driver) and; The accident resulted in at least one of the following: A. one or more fatalities B. one or more persons injured and taken from the scene for immediate medical attention, or C. one or more involved vehicles had to be towed from the scene as a result of disabling damage or had to receive assistance to leave. 																												
Screening Information																												
<p>Number of Qualifying Vehicles:</p> <p>Trucks with 6 or more tires or Haz/Mat placard _____</p> <p>Buses designed to carry 16 or more (including driver) _____</p> <p>Number of vehicles towed from scene due to damage or provided assistance _____</p>			<p>Number of Persons:</p> <p>Sustaining fatal injuries _____</p> <p>Transported for immediate medical treatment _____</p>																									
Vehicle Information																												
<p>Gross Vehicle Weight Rating (GVWR)</p> <p>A. Truck, tractor or bus _____</p> <p>B. Trailer or trailers (total) _____</p> <p>Total GVWR for unit (A+B) _____</p> <p>Total number of axles _____</p>			<p>Hazardous Material Involvement</p> <p>Did vehicle have a Haz/Mat placard ____ Yes ____ No</p> <p>If Yes, include following information from placard</p> <p>A. Name or 4-digit number from diamond or box _____</p> <p>B. The 1-digit number from bottom of diamond _____</p> <p>Was hazardous material released from THIS vehicle's cargo? ____ Yes ____ No</p>																									
<p>Vehicle Configuration (circle one number)</p> <p>1. Bus 2. Single unit truck (2 axles/ 6 or more tires) 3. Single unit truck (3 or more axles)</p> <p>4. Truck with trailer 5. Truck tractor only (bobtail) 6. Tractor with semi-trailer 7. Tractor with double trailers</p> <p>8. Tractor with triple trailers 9. Unknown class heavy truck 0. Any other 4-tired vehicle</p>																												
<p>Cargo Body Type (circle one number)</p> <p>1. Bus 2. Van/enclosed box 3. Cargo tank 4. Flatbed 5. Dump</p> <p>6. Concrete mixer 7. Auto transporter 8. Garbage/ refuse 9. Other _____</p>																												
Motor Carrier Information																												
<p>NOTE: If NOT a motor carrier, enter NONE under Carrier Name, 0 for None under Carrier Identification Numbers, and go to Sequence Of Events Section</p> <p>Carrier Name _____</p> <p>Source (circle one number) 1. Vehicle side 2. Shipping papers 3. Driver 4. Other</p> <p>Carrier mailing address (Street or P.O. Box) _____</p> <p>City, State, Zip _____</p> <p>Carrier Identification Numbers (_____ None = 0)</p> <p>US DOT _____ ICC MC _____ STATE NO. _____ STATE _____</p>																												
Sequence of Events																												
<p>Note: for THIS vehicle - list up to four Event #1 _____ Event #2 _____ Event #3 _____ Event #4 _____</p>																												
<table border="0" style="width: 100%;"> <tr> <td rowspan="2" style="vertical-align: top; width: 10%;">EVENT CODES</td> <td style="vertical-align: top;">Non-Collision</td> <td style="vertical-align: top;">1. Ran off road</td> <td style="vertical-align: top;">2. Jackknife</td> <td style="vertical-align: top;">3. Overturned (rollover)</td> <td style="vertical-align: top;">4. Downhill runaway</td> </tr> <tr> <td></td> <td style="vertical-align: top;">5. Cargo loss or shift</td> <td style="vertical-align: top;">6. Explosion or fire</td> <td style="vertical-align: top;">7. Separation of units</td> <td style="vertical-align: top;">8. Other non-collision</td> </tr> <tr> <td></td> <td style="vertical-align: top;">Collision With</td> <td style="vertical-align: top;">9. Pedestrian</td> <td style="vertical-align: top;">10. Non-parked vehicle</td> <td style="vertical-align: top;">11. Parked vehicle</td> <td style="vertical-align: top;">12. Train</td> </tr> <tr> <td></td> <td></td> <td style="vertical-align: top;">13. Pedalcycle</td> <td style="vertical-align: top;">14. Animal</td> <td style="vertical-align: top;">15. Fixed object</td> <td style="vertical-align: top;">16. Other object</td> </tr> </table>						EVENT CODES	Non-Collision	1. Ran off road	2. Jackknife	3. Overturned (rollover)	4. Downhill runaway		5. Cargo loss or shift	6. Explosion or fire	7. Separation of units	8. Other non-collision		Collision With	9. Pedestrian	10. Non-parked vehicle	11. Parked vehicle	12. Train			13. Pedalcycle	14. Animal	15. Fixed object	16. Other object
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		13. Pedalcycle	14. Animal	15. Fixed object	16. Other object																							
Signature of Reporting Officer		Officer ID	Reporting Police Agency ORI	Date	Time AM PM MT																							

Original size document - 8-1/2 X 11

Definitions		
<p>Truck</p> <p>A motor vehicle designed, used or maintained primarily for the transportation of property. For the purpose of this form the vehicle must also meet one of the following criteria:</p> <ul style="list-style-type: none"> • Have at least 6 tires on the ground, or • Carry a Hazardous Material Placard. <p>Bus</p> <p>A motor vehicle providing seats for 16 or more persons including the driver and used primarily for the transportation of persons.</p> <p>Trailer</p> <p>A non-power vehicle towed by a motor vehicle.</p>	<p>Reportable Accident</p> <p>A highway related incident normally investigated by a police officer and reported on a standard accident report form involving one or more trucks or buses (as defined here) which results in:</p> <ul style="list-style-type: none"> • One or more fatalities, or • One or more non-fatal injuries requiring transportation for the purpose of obtaining immediate medical treatment, or • One or more of the vehicles being removed from the scene as a result of disabling damage, or • One or more vehicles requiring intervening assistance before proceeding under its own power. 	
Typical Vehicle Silhouettes		
<p>1. Bus</p> 	<p>2. Single unit truck - 2 axles / 6 tires</p> 	<p>3. Single unit truck - 3 axles</p> 
<p>4. Truck with trailer</p> 	<p>5. Truck tractor (bobtail)</p> 	<p>6. Tractor with semi-trailer</p> 
<p>7. Tractor with double trailers</p> 	<p>8. Tractor with triple trailers</p> 	
Typical Hazardous Material Placards		
		

Alaska

12-208 Revised 9/77

Page 6 of Pages

STATE OF ALASKA
Uniform Police
REPORT ON TRAFFIC COLLISION
OFFICER'S COPY

POLICE CASE NUMBER 16 BOROUGH CODE 26

CITY CODE 32 DETACH CODE 35

ACCIDENT DATE 36 MO 42 DA 44 YR NO. OF VEH. 48 NO. INJURED 50 NO. KILLED 52 OTHER PROPERTY DAMAGE \$ 54

NON-HIGHWAY 6 NOT INV. AT SCENE 6 LEFT SCENE 6 POLICE NO. 6 OTHER NO. 6 PHOTOS 65

VEHICLE 1
LAST NAME DRIVER 1 20 FIRST NAME 35 MIDDLE INITIAL 45
MAILING NUMBER AND STREET 45
MAILING CITY 71 STATE 86 ZIP 88

VEHICLE 2
LAST NAME DRIVER 2 20 FIRST NAME 35 MIDDLE INITIAL 45
MAILING NUMBER AND STREET 46
MAILING CITY 71 STATE 86 ZIP 88

OPERATOR LICENSE NO. 20 STATE 27 SEX 29 DATE OF BIRTH 30 MO 31 DA 32 YR

PLATE NUMBER 36 STATE OF REG. 44 VEH. YEAR & MAKE 46 VEH. TYPE 52 COMM. ERCIAL 50 NO. OF OCCUP. 55

PLATE NUMBER 36 STATE OF REG. 44 VEH. YEAR & MAKE 46 VEH. TYPE 52 COMM. ERCIAL 50 NO. OF OCCUP. 55

VIN 57

ACCIDENT DIAGRAM

INSURANCE R A Estimated Repair Cost \$ 75

INS. CO.

SUPPLEMENTAL ACCIDENT DIAGRAM

ACTUAL RE. 19 LOCATION CONTROL REF. PT. 29 ACTUAL DISTANCE BASE REF. 32

BASE REF. 20 21

Name of Street or Highway 51

SPACE BELOW OFFICE ONLY

10 11 12 13 14 15 16 17 18 19 20 21

Names of Occupants-If deceased include date of death.

ALL INVOLVED

OFFICER'S RANK AND NAME 42 BADGE NO. 62 DEPARTMENT 65 Investigation Requested State 65 Local 70

INTERSECTION RELATED		APPARENT CONTRIBUTING FACTORS		VEHICLE	
1. At Intersection		2. Not At Intersection		1	
PEDESTRIAN ACTION 1. Crossing With Signal 2. Crossing Against Signal 3. Crossing No Signal Marked Crosswalk 4. Crossing No Signal or Marked Crosswalk 5. Walking Along With Traffic 6. Walking Along Against Traffic 7. Emerging in front of/beyond parked vehicle 8. Child Getting On/Off School Bus 9. Getting On/Off Vehicle Other than School Bus 10. Pushing/Working On Car 11. Parking In Roadway 12. Playing In Roadway 13. Other Actions in Roadway 14. Not in Roadway (Indicate) 15. Alcohol Involvement		HUMAN 1. None 2. Alcohol-Test Given 3. Alcohol-No Test Given 4. Alcohol Suspected, Not Proven 5. Backing Unlawfully 6. Driver Inattention (Indicate) 7. Driver Inexperience (Indicate) 8. Drugs (Illegal) 9. Failure to Yield 10. Fall Asleep 11. Following Too Closely 12. Illness 13. Lost Consciousness 14. Passenger Distraction 15. Passing or Lane Usage Improper 16. Pedestrian Error/Confusion 17. Physical Disability 18. Prescription Medication 19. Traffic Control Device Deteriorated 20. Turning Improperly 21. Unsafe Speed 22. Other		VEHICULAR 41. Accelerator Defective 42. Brakes Defective 43. Headlights Defective 44. Other Lighting Defects 45. Overstuffed Vehicle 46. Steering Failure 47. Tire Failure/Inadequate 48. Low Hitch Defective 49. Windshield Inadequate 50. Other ENVIRONMENTAL 61. Animal's Action 62. Glare 63. View Obstructed/Limited 64. Other ROADWAY 71. Lane Marking Improper/Inadequate 72. Construction Debris 73. Pavement Deteriorated 74. Pavement Slippery 75. Shoulders 76. Signs Missing/Inoperative 77. Traffic Signal Inoperative 80. Other	
TRAFFIC CONTROL 1. None 2. Traffic Signal 3. Stop Sign 4. Flashing Light 5. Yield Sign 6. Officer/Flagman/Guard 7. No Passing Zone 8. RR Crossing Sign 9. RR Crossing Flashing Light 10. RR Crossing Gates 20. Other		LAND USAGE OF ACCIDENT LOCALITY 1. School/Playground 2. One/Two Family Residential 3. Apartment Residential 4. Commercial/Shopping 5. Industrial/Manufacturing 6. Agricultural/Undeveloped 7. Recreational/Port/Camping		ROADWAY CHARACTER 1. Straight and Level 2. Straight and Hillcrest 3. Straight and Hillcrest 4. Curve and Level 5. Curve and Grade 6. Curve and Hillcrest	
ROADWAY SURFACE CONDITION 1. Dry 2. Wet 3. Muddy 4. Snow/Ice 5. Slush 10. Other		LIGHT 1. Daylight 2. Twilight 3. Dark, Streetlight 4. Dark 5. Rain 6. Snow 7. Sleet/Hail 8. Freezing Rain 9. Fog/Snow/Fog 10. Other		WEATHER 1. Clear 2. Cloudy	
SIGNED TEMPERATURE INDICATION (°F)		LOCATION OF FIRST EVENT 1. On Roadway 2. Off Roadway		TYPE OF ACCIDENT Collision With: 1. Pedestrian 2. Pedestrian 3. Train 4. Animal 5. Moose Fixed Object: 12. Bridge/Overpass 14. Building 15. Culvert 16. Curb/Wall 17. Ditch 18. Divider 19. Parking Meter 20. Traffic Light 21. Light Pole 22. Sign Post 23. Utility Pole 24. Other Support 25. Embankment 26. Fence 27. Guard Rail 28. Machinery 29. Tree/Shrub 30. Other Object 31. Aircraft	
WHICH VEHICLE OCCUPIED Enter Vehicle No. 1. 99 or B, P, O B. Bicyclist P. Pedestrian O. Other		POSITION IN/ON VEHICLE 1. Driver 2. 7 Passengers 3. Riding/Hanging On Outside		SAFETY EQUIPMENT USED 1. No Restraint Used 2. No Restraint Available 3. Lap Belt 4. Harness 5. Lap Belt and Harness 6. Child Restraint 7. Motorcycle Helmet 10. Other	
EJECTION FROM VEHICLE 1. Not Ejected 2. Partially Ejected 3. Ejected		Victim's Physical And Emotional Status 1. Apparent Death 2. Unconscious 3. Semi-conscious 4. Incoherent 5. Shock 6. Conscious		Injured Taken To: 1. Hospital 2. Clinic 3. Residence 4. Mortuary 5. Other 6. Unknown	
Injured Taken By: 1. Surface Ambulance 2. Air Ambulance 3. Police (Reg. Veh.) 4. Private Vehicle 5. Airplane 6. Helicopter 7. Other 8. Unknown		Parked MV 12. Parked Non-Collision 40. Overturn 41. Fire/Explosion 42. Immersion 43. Gas Inhalation 50. Other		Vehicle 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35	

1	ARIZONA TRAFFIC ACCIDENT REPORT	REPORT ID	YEAR	MONTH	DAY	HOUR	MOBILE NO.	OFFICER'S ID NO.	Agency Report Number														
2	FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 064R ARIZONA DEPARTMENT OF TRANSPORTATION 206 S. 17th AVE., PHOENIX, ARIZONA 85007-3233	Total Units	Total Injuries	Total Fatalities	Estimated Total Damage	<input type="checkbox"/> Over Minimum	<input type="checkbox"/> Under Minimum	<input type="checkbox"/> Fatal	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Govt. Prop.	District or Grid No.												
3	LOCATION	On Highway/Road/Street	<input type="checkbox"/> Inside	<input type="checkbox"/> Outside	City	County	Intersecting Street, Road / M.P. or R.P.	<input type="checkbox"/> At	<input type="checkbox"/> From	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> Plus	Distance	<input type="checkbox"/> Miles	<input type="checkbox"/> Feet								
4	TRAFFIC UNIT NO.	State	Class	End.	License or Social Security Number	<input type="checkbox"/> Driver	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Pedalcyclist	Name	Sex	Inj	Restrictions	Date of Birth	Address	City	State	Zip Code	Telephone Number					
5	PASSENGERS	Plate Number	State	Year	<input type="checkbox"/> Same as Driver	Owner/Carrier Name	Address	City	State	Zip Code	Body Style	<input type="checkbox"/> Camper	Make	Color	Year	VIN	Safety Device Code						
6	TRAFFIC UNIT NO.	Removed to	Removed by	Orders of	Posted Speed Limit	Occ. Est. Speed	Occ. Est. Rest	Insurance Company	Telephone Number	Policy Number	Eff. Date / Exp. Date	Trailer (Other Unit) Plate No.	State	Year	Description of Trailer or Other Unit	U.S. Government Permits (Issuer and Number)	ICC MC:	* Vehicle Type	Number of Axes	G.V.W. (Registered)			
7	HAZARDOUS MATERIALS PLACARD NUMBER:	1) 4-Digit Placard number:	2) 1-Digit Placard number:	Was Hazardous Cargo from the placarded truck released? (Do not include fuel from the vehicle fuel tank.)	Yes	No	State	Class	End.	License or Social Security Number	<input type="checkbox"/> Driver	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Pedalcyclist	Name	Sex	Inj	Restrictions	Date of Birth	Address	City	State	Zip Code	Telephone Number
8	HAZARDOUS MATERIALS PLACARD NUMBER:	1) 4-Digit Placard number:	2) 1-Digit Placard number:	Was Hazardous Cargo from the placarded truck released? (Do not include fuel from the vehicle fuel tank.)	Yes	No	State	Class	End.	License or Social Security Number	<input type="checkbox"/> Driver	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Pedalcyclist	Name	Sex	Inj	Restrictions	Date of Birth	Address	City	State	Zip Code	Telephone Number
9	HAZARDOUS MATERIALS PLACARD NUMBER:	1) 4-Digit Placard number:	2) 1-Digit Placard number:	Was Hazardous Cargo from the placarded truck released? (Do not include fuel from the vehicle fuel tank.)	Yes	No	State	Class	End.	License or Social Security Number	<input type="checkbox"/> Driver	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Pedalcyclist	Name	Sex	Inj	Restrictions	Date of Birth	Address	City	State	Zip Code	Telephone Number
10	HAZARDOUS MATERIALS PLACARD NUMBER:	1) 4-Digit Placard number:	2) 1-Digit Placard number:	Was Hazardous Cargo from the placarded truck released? (Do not include fuel from the vehicle fuel tank.)	Yes	No	State	Class	End.	License or Social Security Number	<input type="checkbox"/> Driver	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Pedalcyclist	Name	Sex	Inj	Restrictions	Date of Birth	Address	City	State	Zip Code	Telephone Number
11	HAZARDOUS MATERIALS PLACARD NUMBER:	1) 4-Digit Placard number:	2) 1-Digit Placard number:	Was Hazardous Cargo from the placarded truck released? (Do not include fuel from the vehicle fuel tank.)	Yes	No	State	Class	End.	License or Social Security Number	<input type="checkbox"/> Driver	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Pedalcyclist	Name	Sex	Inj	Restrictions	Date of Birth	Address	City	State	Zip Code	Telephone Number
12	HAZARDOUS MATERIALS PLACARD NUMBER:	1) 4-Digit Placard number:	2) 1-Digit Placard number:	Was Hazardous Cargo from the placarded truck released? (Do not include fuel from the vehicle fuel tank.)	Yes	No	State	Class	End.	License or Social Security Number	<input type="checkbox"/> Driver	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Pedalcyclist	Name	Sex	Inj	Restrictions	Date of Birth	Address	City	State	Zip Code	Telephone Number
13	HAZARDOUS MATERIALS PLACARD NUMBER:	1) 4-Digit Placard number:	2) 1-Digit Placard number:	Was Hazardous Cargo from the placarded truck released? (Do not include fuel from the vehicle fuel tank.)	Yes	No	State	Class	End.	License or Social Security Number	<input type="checkbox"/> Driver	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Pedalcyclist	Name	Sex	Inj	Restrictions	Date of Birth	Address	City	State	Zip Code	Telephone Number
14	HAZARDOUS MATERIALS PLACARD NUMBER:	1) 4-Digit Placard number:	2) 1-Digit Placard number:	Was Hazardous Cargo from the placarded truck released? (Do not include fuel from the vehicle fuel tank.)	Yes	No	State	Class	End.	License or Social Security Number	<input type="checkbox"/> Driver	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Pedalcyclist	Name	Sex	Inj	Restrictions	Date of Birth	Address	City	State	Zip Code	Telephone Number
15	HAZARDOUS MATERIALS PLACARD NUMBER:	1) 4-Digit Placard number:	2) 1-Digit Placard number:	Was Hazardous Cargo from the placarded truck released? (Do not include fuel from the vehicle fuel tank.)	Yes	No	State	Class	End.	License or Social Security Number	<input type="checkbox"/> Driver	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Pedalcyclist	Name	Sex	Inj	Restrictions	Date of Birth	Address	City	State	Zip Code	Telephone Number
16	HAZARDOUS MATERIALS PLACARD NUMBER:	1) 4-Digit Placard number:	2) 1-Digit Placard number:	Was Hazardous Cargo from the placarded truck released? (Do not include fuel from the vehicle fuel tank.)	Yes	No	State	Class	End.	License or Social Security Number	<input type="checkbox"/> Driver	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Pedalcyclist	Name	Sex	Inj	Restrictions	Date of Birth	Address	City	State	Zip Code	Telephone Number
17	HAZARDOUS MATERIALS PLACARD NUMBER:	1) 4-Digit Placard number:	2) 1-Digit Placard number:	Was Hazardous Cargo from the placarded truck released? (Do not include fuel from the vehicle fuel tank.)	Yes	No	State	Class	End.	License or Social Security Number	<input type="checkbox"/> Driver	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Pedalcyclist	Name	Sex	Inj	Restrictions	Date of Birth	Address	City	State	Zip Code	Telephone Number
18	HAZARDOUS MATERIALS PLACARD NUMBER:	1) 4-Digit Placard number:	2) 1-Digit Placard number:	Was Hazardous Cargo from the placarded truck released? (Do not include fuel from the vehicle fuel tank.)	Yes	No	State	Class	End.														

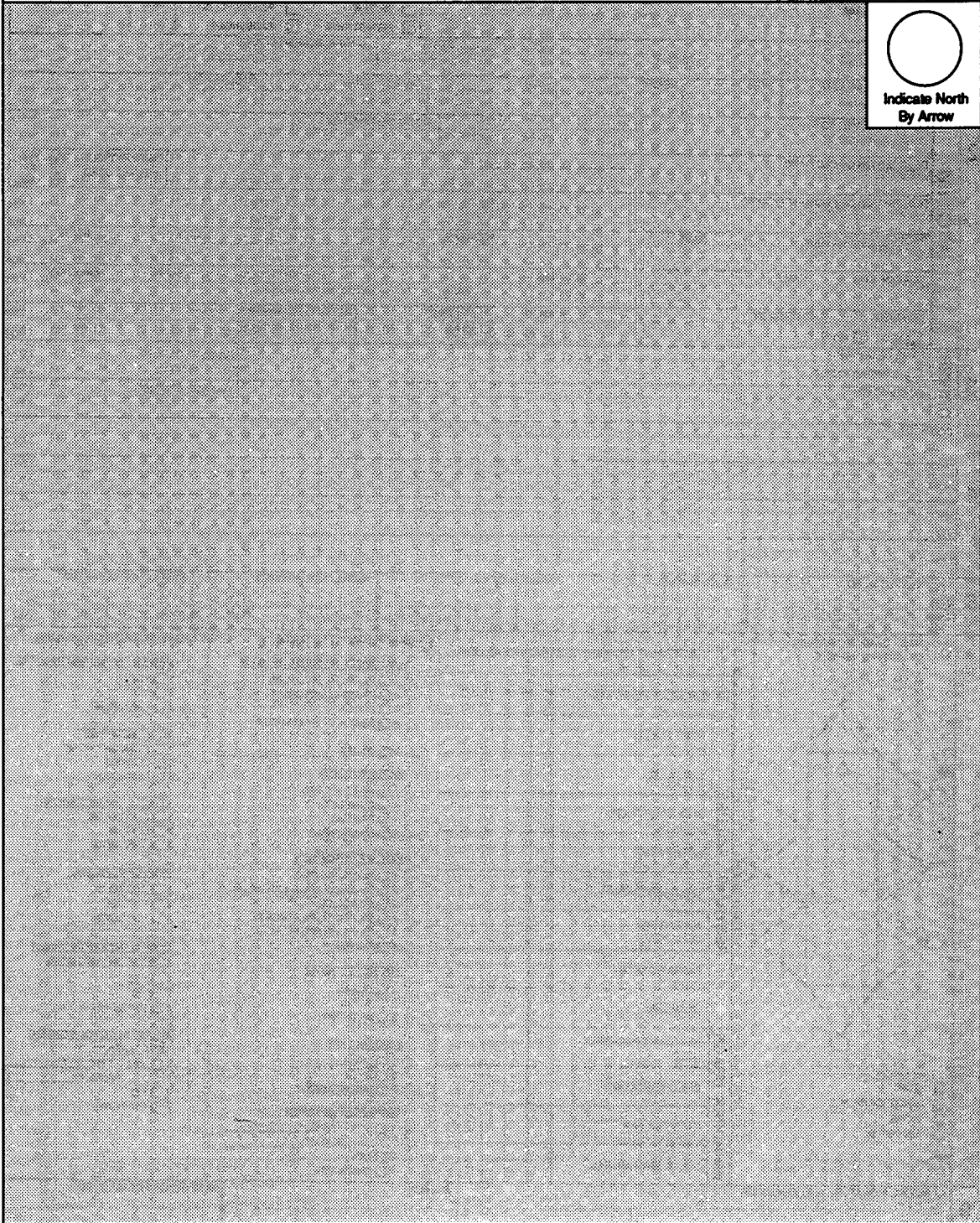
9 - DIAGRAM		10 - INDICATE NORTH		11 - SKIDDING OCCURRED	12 - CITATIONS	13 - CLASSIFICATION BY TYPE	
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>		<div style="border: 1px solid black; height: 100px; width: 100%;"></div>		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
				UNIT NO. _____ A.R.S. NO. OR CITY CODE _____		COLLISION BETWEEN A MOTOR VEHICLE IN TRANSPORT AND	
				1 <input type="checkbox"/> PEDESTRIAN 2 <input type="checkbox"/> MOTOR VEHICLE 3 <input type="checkbox"/> RAILWAY TRAIN 4 <input type="checkbox"/> PEDALCYCLIST 5 <input type="checkbox"/> ANIMAL 6 <input type="checkbox"/> FIXED OBJECT 7 <input type="checkbox"/> OTHER OBJECT		NONCOLLISION INVOLVING A MOTOR VEHICLE IN TRANSPORT 8 <input type="checkbox"/> OVERTURNING 9 <input type="checkbox"/> OTHER NONCOLLISION	
				20 - TRAFFIC CONTROL DEVICES CHECK ONLY ONE 1 <input type="checkbox"/> INTERSECTION 2 <input type="checkbox"/> JUNCTION AREA 3 <input type="checkbox"/> NON-JUNCTION AREA 4 <input type="checkbox"/> DRIVEWAY ACCESS 5 <input type="checkbox"/> ALLEY ACCESS		21 - WEATHER CONDITIONS CHECK ONLY ONE 1 <input type="checkbox"/> CLEAR 2 <input type="checkbox"/> RAINING 3 <input type="checkbox"/> CLOUDY 4 <input type="checkbox"/> SHOWING 5 <input type="checkbox"/> STRONG WIND 6 <input type="checkbox"/> DUST 7 <input type="checkbox"/> FOG	
				22 - TYPE OF LOCATION CHECK ONLY ONE 1 <input type="checkbox"/> INTERSECTION 2 <input type="checkbox"/> JUNCTION AREA 3 <input type="checkbox"/> NON-JUNCTION AREA 4 <input type="checkbox"/> DRIVEWAY ACCESS 5 <input type="checkbox"/> ALLEY ACCESS		23 - VISION OBSCUREMENT CHECK ONE PER UNIT 1 <input type="checkbox"/> NOT OBSCURED 2 <input type="checkbox"/> BY PARKED / STOPPED VEHICLE 3 <input type="checkbox"/> BY MOVING VEHICLE 4 <input type="checkbox"/> BY BUILDING 5 <input type="checkbox"/> BY EMBANKMENT 6 <input type="checkbox"/> BY SIGNBOARD 7 <input type="checkbox"/> BY HILLCREST 8 <input type="checkbox"/> BY LOAD ON VEHICLE 9 <input type="checkbox"/> BY TREES, BUSHES 10 <input type="checkbox"/> BY HEADLIGHT 11 <input type="checkbox"/> BY SUN GLARE 12 <input type="checkbox"/> BECAUSE OF BAD WEATHER 13 <input type="checkbox"/> OTHER 14 <input type="checkbox"/> RAIN, SNOW, FOG ON WINDSHIELD 15 <input type="checkbox"/> WINDSHIELD OBSCURED - OTHER 16 <input type="checkbox"/> UNKNOWN	
				24 - ROAD GRADE CHECK ONLY ONE 1 <input type="checkbox"/> LEVEL 2 <input type="checkbox"/> DOWNGRADE 3 <input type="checkbox"/> UPGRADE 4 <input type="checkbox"/> HILLCREST 5 <input type="checkbox"/> DIP		25 - VEHICLE CONDITION TWO CHOICES PER VEHICLE MAY BE SELECTED 1 <input type="checkbox"/> NO APPARENT DEFECTS 2 <input type="checkbox"/> DEFECTIVE BRAKES 3 <input type="checkbox"/> DEFECTIVE STEERING 4 <input type="checkbox"/> DEFECTIVE HEADLIGHTS 5 <input type="checkbox"/> DEFECTIVE TAIL LIGHTS 6 <input type="checkbox"/> DEFECTIVE TURN-SIGNAL 7 <input type="checkbox"/> PUNCTURE OR BLOWOUT 8 <input type="checkbox"/> ONE OR MORE SMOOTH TIRES 9 <input type="checkbox"/> FIRE 10 <input type="checkbox"/> DEFECTIVE WINDSHIELD WIPER 11 <input type="checkbox"/> DEFECTIVE EXHAUST SYSTEM 12 <input type="checkbox"/> OTHER DEFECTS 13 <input type="checkbox"/> NO TRAILER BRAKES 14 <input type="checkbox"/> UNKNOWN	
				26 - PHYSICAL CONDITION TWO CHOICES PER PERSON MAY BE SELECTED 1 <input type="checkbox"/> NO APPARENT DEFECTS 2 <input type="checkbox"/> HAD BEEN DRINKING 3 <input type="checkbox"/> APPEARED TO BE UNDER INFLUENCE OF DRUGS 4 <input type="checkbox"/> ILL-ABILITY INFLUENCED 5 <input type="checkbox"/> SLEEPY-FATIGUED 6 <input type="checkbox"/> OTHER BODILY DEFECTS 7 <input type="checkbox"/> INFIRMITIES 8 <input type="checkbox"/> UNKNOWN		27 - VIOLATIONS/BEHAVIOR TWO CHOICES PER PERSON MAY BE SELECTED 1 <input type="checkbox"/> NO IMPROPER DRIVING 2 <input type="checkbox"/> SPEED TOO FAST FOR CONDITIONS 3 <input type="checkbox"/> EXCEEDED LAWFUL SPEED 4 <input type="checkbox"/> FAILED TO YIELD RIGHT-OF-WAY 5 <input type="checkbox"/> FOLLOWED TOO CLOSELY 6 <input type="checkbox"/> RAN STOP SIGN 7 <input type="checkbox"/> DISREGARDED TRAFFIC SIGNAL 8 <input type="checkbox"/> MADE IMPROPER TURN 9 <input type="checkbox"/> DROVE IN OPPOSING TRAFFIC LANE 10 <input type="checkbox"/> KNOWINGLY OPERATED WITH FAULTY OR MISSING EQUIPMENT 11 <input type="checkbox"/> REQUIRED MOTORCYCLE SAFETY EQUIPMENT NOT USED 12 <input type="checkbox"/> PASSED IN NO PASSING ZONE 13 <input type="checkbox"/> UNSAFE LANE CHANGE 14 <input type="checkbox"/> OTHER UNSAFE PASSING 15 <input type="checkbox"/> INATTENTION 16 <input type="checkbox"/> DID NOT USE CROSSWALK 17 <input type="checkbox"/> WALKED ON WRONG SIDE OF ROAD 18 <input type="checkbox"/> OTHER 19 <input type="checkbox"/> UNKNOWN	
				28 - UNUSUAL ROAD SURFACE CONDITION CHECK ONLY ONE 1 <input type="checkbox"/> WET 2 <input type="checkbox"/> LOOSE SAND, DIRT OR GRAVEL 3 <input type="checkbox"/> SNOWY ICY 4 <input type="checkbox"/> FRESH OIL 5 <input type="checkbox"/> OTHER 6 <input type="checkbox"/> UNKNOWN		29 - OTHER NONCOLLISION CHECK ONE PER UNIT 1 <input type="checkbox"/> GOING STRAIGHT AHEAD 2 <input type="checkbox"/> SLOWING IN TRAFFICWAY 3 <input type="checkbox"/> STOPPED IN TRAFFICWAY 4 <input type="checkbox"/> MAKING LEFT TURN 5 <input type="checkbox"/> MAKING RIGHT TURN 6 <input type="checkbox"/> MAKING U TURN 7 <input type="checkbox"/> ENTERING ALLEY OR DRIVEWAY 8 <input type="checkbox"/> LEAVING ALLEY OR DRIVEWAY 9 <input type="checkbox"/> OVERTAKING/PASSING 10 <input type="checkbox"/> CHANGING LANES 11 <input type="checkbox"/> BACKING 12 <input type="checkbox"/> AVOIDING VEHICLE, OBJECT, PEDESTRIAN 13 <input type="checkbox"/> ENTERING PARKING POSITION 14 <input type="checkbox"/> LEAVING PARKING POSITION 15 <input type="checkbox"/> PROPERLY PARKED 16 <input type="checkbox"/> IMPROPERLY PARKED 17 <input type="checkbox"/> DRIVERLESS MOVING VEHICLE 18 <input type="checkbox"/> CROSSING ROAD 19 <input type="checkbox"/> WALKING WITH TRAFFIC 20 <input type="checkbox"/> WALKING AGAINST TRAFFIC 21 <input type="checkbox"/> STANDING 22 <input type="checkbox"/> LYING 23 <input type="checkbox"/> GETTING ON OR OFF VEHICLE 24 <input type="checkbox"/> WORKING ON OR PUSHING VEHICLE 25 <input type="checkbox"/> WORKING ON ROAD 26 <input type="checkbox"/> OTHER 27 <input type="checkbox"/> UNKNOWN	
				30 - VISION OBSCUREMENT CHECK ONE PER UNIT 1 <input type="checkbox"/> NOT OBSCURED 2 <input type="checkbox"/> BY PARKED / STOPPED VEHICLE 3 <input type="checkbox"/> BY MOVING VEHICLE 4 <input type="checkbox"/> BY BUILDING 5 <input type="checkbox"/> BY EMBANKMENT 6 <input type="checkbox"/> BY SIGNBOARD 7 <input type="checkbox"/> BY HILLCREST 8 <input type="checkbox"/> BY LOAD ON VEHICLE 9 <input type="checkbox"/> BY TREES, BUSHES 10 <input type="checkbox"/> BY HEADLIGHT 11 <input type="checkbox"/> BY SUN GLARE 12 <input type="checkbox"/> BECAUSE OF BAD WEATHER 13 <input type="checkbox"/> OTHER 14 <input type="checkbox"/> RAIN, SNOW, FOG ON WINDSHIELD 15 <input type="checkbox"/> WINDSHIELD OBSCURED - OTHER 16 <input type="checkbox"/> UNKNOWN		FOR ADOT USE	

ARIZONA TRAFFIC ACCIDENT REPORT FATAL SUPPLEMENT FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 084R ARIZONA DEPARTMENT OF TRANSPORTATION 208 S. 17th AVE. PHOENIX, ARIZONA 85007-3233		REPORT ID YEAR MONTH DAY HOUR		ADIC NO.		OFFICER ID NO.		Agency Report Number				
2 VICTIM	NAME OF VICTIM					<input type="checkbox"/> DRIVER <input type="checkbox"/> PEDESTRIAN		<input type="checkbox"/> PEDALCYCLIST <input type="checkbox"/> PASSENGER		RACE MARITAL STATUS		
	ADDRESS					CITY		STATE		MARKS, SCARS/TATTOOS		
	SEX	WEIGHT	EYES	HEIGHT	HAIR	DATE OF BIRTH		OCCUPATION				
	VICTIM REMOVED TO					VICTIM REMOVED BY						
	DESCRIPTION OF CLOTHING								MOTORCYCLE HELMET USED		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
	DESCRIPTION OF PROPERTY (CONT)											
	PROPERTY IN CUSTODY OF:					NAME		ADDRESS		CITY STATE		
	NEXT OF KIN:					NAME		ADDRESS		CITY STATE RELATION		
	NOTIFIED		NOTIFIED BY			DATE		TIME		MEDICAL EXAMINER		
	<input type="checkbox"/> YES <input type="checkbox"/> NO											
3 DRIVER	NAME OF DRIVER					RACE						
	<input type="checkbox"/> SAME AS VICTIM OCCUPATION					MARITAL STATUS						
4 COMMENTS												
5 TIME (24 HRS)	POLICE CALLED		POLICE ARRIVED		AMBULANCE CALLED		AMBULANCE ARRIVED		AMBULANCE DEPARTED			
6 MARK DAMAGED AREA(S) OF VICTIM'S VEHICLE												
	<input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN											
	7 RESTRAINT USAGE / RESTRAINT FAILURE											
	ENTER SEAT POSITION											
	NONE FAILED											
	LAP FAILED											
	SHOULDER FAILED											
	BOTH FAILED											
	CHILD RESTRAINT											
	AIR BAG NOT DEPLOYED											
PASSIVE SYSTEM												
UNKNOWN												
8 SUPPLEMENTAL DATA												
ACCIDENT FIRST REPORTED BY 1 <input type="checkbox"/> PERSONS INVOLVED 2 <input type="checkbox"/> PASSING MOTORIST 3 <input type="checkbox"/> POLICE 4 <input type="checkbox"/> RESIDENT BYSTANDER 5 <input type="checkbox"/> OTHER _____												
VICTIM EJECTED 1 <input type="checkbox"/> NOT EJECTED 2 <input type="checkbox"/> COMPLETE 3 <input type="checkbox"/> PARTIAL 4 <input type="checkbox"/> UNKNOWN												
VICTIM EXTRICATION 1 <input type="checkbox"/> NOT REQUIRED 2 <input type="checkbox"/> BY AMBULANCE ATTENDANT 3 <input type="checkbox"/> BY POLICE 4 <input type="checkbox"/> BY FIRE DEPARTMENT 5 <input type="checkbox"/> BY PASSERSBY 6 <input type="checkbox"/> OTHER _____												
ACCIDENT LOCALE 1 <input type="checkbox"/> URBAN 2 <input type="checkbox"/> RURAL 3 <input type="checkbox"/> UNKNOWN												
TERRAIN TYPE 1 <input type="checkbox"/> LEVEL 2 <input type="checkbox"/> HILLY 3 <input type="checkbox"/> MOUNTAINOUS												
DRUG SCREEN TAKEN 1 <input type="checkbox"/> YES - TYPE _____ 2 <input type="checkbox"/> NO 3 <input type="checkbox"/> UNKNOWN												
CHECK ONE IN EACH CATEGORY DRIVER FAMILIAR WITH LOCAL 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 3 <input type="checkbox"/> UNKNOWN ROAD ALIGNMENT 1 <input type="checkbox"/> STRAIGHT ROAD 2 <input type="checkbox"/> CURVED 3 <input type="checkbox"/> UNKNOWN VEHICLE TRANSMISSION 1 <input type="checkbox"/> AUTOMATIC 2 <input type="checkbox"/> MANUAL 3 <input type="checkbox"/> UNKNOWN IMP. CERTIFICATE 1 <input type="checkbox"/> CURRENT 2 <input type="checkbox"/> EXPIRED 3 <input type="checkbox"/> UNKNOWN COMPLIANCE WITH DRIVER LICENSE RESTRICTIONS 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 3 <input type="checkbox"/> UNKNOWN BLOOD ALCOHOL CONTENT TEST TAKEN 1 <input type="checkbox"/> YES - TYPE _____ 2 <input type="checkbox"/> NO 3 <input type="checkbox"/> UNKNOWN												
9	OFFICER'S SIGNATURE AND ID NUMBER					AGENCY			DATE REPORT COMPLETED			

II - FATAL ACCIDENT DIAGRAM

- ☐ Diagram is approximate and not to scale.
☐ Diagram is scaled (Scale 1" = ft.)

Draw diagram only on this page. Write narrative on original report or attach separate sheet.



FORWARD COPY TO
ARIZONA DEPARTMENT OF TRANSPORTATION
TRAFFIC RECORDS UNIT 106-T
1730 W. JACKSON ST., PHOENIX, ARIZONA 85007

[illegible]**AGENCY USE**

☐ MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE
☐ MEASUREMENTS ARE SCALED (SCALE = _____)

**INDICATE
NORTH**

13

Arizona

Arizona

[illegible]

ARIZONA TRAFFIC ACCIDENT REPORT		YEAR		MONTH		DAY		REPORT ID		HICG NO.		OFFICER'S ID NO.		Agency Report Number	
SUPPLEMENT FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 084R ARIZONA DEPARTMENT OF TRANSPORTATION 206 S. 17th AVE., PHOENIX, ARIZONA 85007-3233															

ACCIDENT DESCRIPTION
(Narrative)

† 01-2707 2/92

Original size document – 8-1/2 X 11

Arizona

ARKANSAS MOTOR VEHICLE TRAFFIC ACCIDENT REPORT

MUNICIPAL USE ONLY:		Incident #				Unit Assigned	Premises	Geo. Code	District	Accident Severity/Injury Code		
LOCATION	County	City										
	Not in City, but	Distance	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	from nearest city limit					
	Road/Street of Accident Occurrence	If on numbered Highway/County Road, give #							Section	Log Mile	Date	Month Day Year
	At its intersection with	Give # Highway, County Road, Name of City Street as applicable									Day of Week	
	Special Reference										Time	AM PM
VEHICLE	Not at intersection, but	Distance	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	Reference Point		No. Vehicles Involved			
	(Use only the following as Reference Points) Intersecting Highway, County Road, City Street, Bridge, Railroad Crossing, Overpass, Underpass, Milepost, State Line, County Line, City Limit											
	HIT & RUN <input type="checkbox"/> YES <input type="checkbox"/> NO											
	Vehicle	Year	Make	Model	Body Style	Reg.	Year	State	Number	Vin #	Seating Position	
	Owner	Address										
OPERATOR & OCCUPANTS	<input type="checkbox"/> Rented to	Address										
	<input type="checkbox"/> Leased to	Address										
	Trailers	<input type="checkbox"/> No	<input type="checkbox"/> Yes	# Units	Reg. State.	Plate #	Cargo	<input type="checkbox"/> Not Known	<input type="checkbox"/> Hazardous	<input type="checkbox"/> Nonhazardous		
	Prior Vehicle Damage	Vehicle Defects										
	Vehicle Damage as result of Accident	Investigator's Estimated Cost to Repair \$										
VEHICLE 2 / OTHER	<input type="checkbox"/> Disabled	<input type="checkbox"/> Functional	<input type="checkbox"/> Other Damage	<input type="checkbox"/> No Damage								
	<input type="checkbox"/> Driven away	By			To							
	<input type="checkbox"/> Towed away	By			To							
	Operator	Address										
	Type License:	Chauffeur	<input type="checkbox"/> Operator	<input type="checkbox"/> Cyclist	<input type="checkbox"/> School Bus	<input type="checkbox"/> Learner Permit	<input type="checkbox"/> Court Permit	<input type="checkbox"/> Restricted	<input type="checkbox"/> No License			
OPERATOR & OCCUPANTS 2 / PED / OCCUP	BAC Test:	Yes	<input type="checkbox"/> Results If Known	Not Tested	<input type="checkbox"/> Refused Test	<input type="checkbox"/>						
	Operator Residence:	Local	<input type="checkbox"/> Elsewhere in State	<input type="checkbox"/> Nonresident of State	<input type="checkbox"/> Residence Not Known	<input type="checkbox"/>						
	Operator License	License #	State	Operator Data	DOB	/	/	/				
	Name	Address										
	Name	Address										
VEHICLE 2 / OTHER	Name	Address										
	Name	Address										
	Name	Address										
	Name	Address										
	Name	Address										
VEHICLE 2 / OTHER	Vehicle	Year	Make	Model	Body Style	Reg.	Year	State	Number	Vin #	Occupant Restraint System	
	Owner	Address										
	<input type="checkbox"/> Rented to	Address										
	<input type="checkbox"/> Leased to	Address										
	Trailers	<input type="checkbox"/> No	<input type="checkbox"/> Yes	# Units	Reg. State.	Plate #	Cargo	<input type="checkbox"/> Not Known	<input type="checkbox"/> Hazardous	<input type="checkbox"/> Nonhazardous		
OPERATOR & OCCUPANTS 2 / PED / OCCUP	Prior Vehicle Damage	Vehicle Defects										
	Vehicle Damage as result of Accident	Investigator's Estimated Cost to Repair \$										
	<input type="checkbox"/> Disabled	<input type="checkbox"/> Functional	<input type="checkbox"/> Other Damage	<input type="checkbox"/> No Damage								
	<input type="checkbox"/> Driven away	By			To							
	<input type="checkbox"/> Towed away	By			To							
OPERATOR & OCCUPANTS 2 / PED / OCCUP	Operator	Address										
	Type License:	Chauffeur	<input type="checkbox"/> Operator	<input type="checkbox"/> Cyclist	<input type="checkbox"/> School Bus	<input type="checkbox"/> Learner Permit	<input type="checkbox"/> Court Permit	<input type="checkbox"/> Restricted	<input type="checkbox"/> No License			
	BAC Test:	Yes	<input type="checkbox"/> Results If Known	Not Tested	<input type="checkbox"/> Refused Test	<input type="checkbox"/>						
	Operator Residence:	Local	<input type="checkbox"/> Elsewhere in State	<input type="checkbox"/> Nonresident of State	<input type="checkbox"/> Residence Not Known	<input type="checkbox"/>						
	Operator License	License #	State	Operator Data	DOB	/	/	/				
OPERATOR & OCCUPANTS 2 / PED / OCCUP	Name	Address										
	Name	Address										
	Name	Address										
	Name	Address										
	Name	Address										

Arkansas

[illegible]

**Indicate
North, Use
Arrow**

18

Investigation and Reporting of Motor Vehicle Traffic Accidents

Within their jurisdiction and cooperatively in overlapping jurisdictional situations, law enforcement officers of Arkansas are declared to be responsible for the investigation and reporting of all traffic accidents and the deaths, injuries and property damage resulting therefrom. The responsible investigating office shall make the investigation with all possible promptness and the investigating officer shall file the report thereon with the Department of Arkansas State Police within five (5) days subsequent to the actual investigation. (Acts 1967, No. 246.)

Page four may be used when additional space is required to complete the Accident Report.

Atmospheric Conditions 0 <input type="checkbox"/> No Adverse Conditions 1 <input type="checkbox"/> Rain 2 <input type="checkbox"/> Sleet _____ Temperature 3 <input type="checkbox"/> Snow 4 <input type="checkbox"/> Fog 5 <input type="checkbox"/> High Winds 6 <input type="checkbox"/> Smoke 7 <input type="checkbox"/> Smog 8 <input type="checkbox"/> Dust 9 <input type="checkbox"/> Other _____ 10 <input type="checkbox"/> Not Known Light Conditions 1 <input type="checkbox"/> Daylight 2 <input type="checkbox"/> Dark 3 <input type="checkbox"/> Dawn 4 <input type="checkbox"/> Dusk 5 <input type="checkbox"/> Dark but lighted 6 <input type="checkbox"/> Dark, light not functioning 7 <input type="checkbox"/> Not Known Accident Locale 1 <input type="checkbox"/> Rural 2 <input type="checkbox"/> Urban 3 <input type="checkbox"/> Not Known Roadway Surface Condition 1 <input type="checkbox"/> Dry 2 <input type="checkbox"/> Wet 3 <input type="checkbox"/> Ice 4 <input type="checkbox"/> Sand 5 <input type="checkbox"/> Dirt 6 <input type="checkbox"/> Oil 7 <input type="checkbox"/> Other _____ 8 <input type="checkbox"/> Not Known Road System Speed Limit _____ Posted <input type="checkbox"/> Yes <input type="checkbox"/> No 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> U.S. Hwy. 3 <input type="checkbox"/> State Hwy. 4 <input type="checkbox"/> County Road 5 <input type="checkbox"/> City Street 6 <input type="checkbox"/> Other _____ 7 <input type="checkbox"/> Not Known Road Surface Type 1 <input type="checkbox"/> Concrete 2 <input type="checkbox"/> Asphalt 3 <input type="checkbox"/> Gravel 4 <input type="checkbox"/> Dirt 5 <input type="checkbox"/> Other _____ 6 <input type="checkbox"/> Not Known Roadway Alignment/Profile 1 <input type="checkbox"/> Straight 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Curve 2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Not Known 3 <input type="checkbox"/> Hillcrest 4 <input type="checkbox"/> Sag 5 <input type="checkbox"/> Not Known Construction/Maintenance Zone 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Highway Const 4 <input type="checkbox"/> Utility 5 <input type="checkbox"/> Other _____ Protected <input type="checkbox"/> No 7 <input type="checkbox"/> Yes How _____ 8 <input type="checkbox"/> Reduced Road Width 9 <input type="checkbox"/> Road Repair 10 <input type="checkbox"/> Maintenance Trafficway Flow 1 <input type="checkbox"/> Divided 2 <input type="checkbox"/> Not Divided _____ # Lanes 3 <input type="checkbox"/> Divided by Median 4 <input type="checkbox"/> Divided by Other Barrier 5 <input type="checkbox"/> Divided by Temporary Barrier 6 <input type="checkbox"/> One Way Traffic 7 <input type="checkbox"/> Not Known Roadway Conditions 0 <input type="checkbox"/> No Adverse Conditions 1 <input type="checkbox"/> Obstruction, Warning 2 <input type="checkbox"/> Obstruction, No Warning 3 <input type="checkbox"/> Loose Materials on Surface 4 <input type="checkbox"/> Holes 5 <input type="checkbox"/> Ruts 6 <input type="checkbox"/> Bumps 7 <input type="checkbox"/> Defective Shoulders 8 <input type="checkbox"/> No Markings 9 <input type="checkbox"/> Other Defects _____ 10 <input type="checkbox"/> Defects Not Known Relation to Junction 0 <input type="checkbox"/> Non-Junction 1 <input type="checkbox"/> Intersection 2 <input type="checkbox"/> Intersection Related 3 <input type="checkbox"/> Driveway 4 <input type="checkbox"/> Alley 5 <input type="checkbox"/> Exit Lane 6 <input type="checkbox"/> Entrance Lane 7 <input type="checkbox"/> RR Crossing 8 <input type="checkbox"/> Crossover Lane 9 <input type="checkbox"/> Other _____ 10 <input type="checkbox"/> Not Known	Traffic Controls 0 <input type="checkbox"/> No Controls Present 1 <input type="checkbox"/> Flashing Beacon 2 <input type="checkbox"/> Traffic Signal 3 <input type="checkbox"/> Stop Sign 4 <input type="checkbox"/> Yield Sign 5 <input type="checkbox"/> RR Crossing with Gates & Lights 6 <input type="checkbox"/> RR Crossing, Flashing Lights Only 7 <input type="checkbox"/> RR Crossing, Crossbuck Only 8 <input type="checkbox"/> School Zone, Children Present 9 <input type="checkbox"/> Pedestrian Signal 10 <input type="checkbox"/> Lane Markings 11 <input type="checkbox"/> Other Controls _____ 12 <input type="checkbox"/> Controls Not Known 13 <input type="checkbox"/> Device Not Functioning 14 <input type="checkbox"/> Device Functioning Properly 15 <input type="checkbox"/> Device Functioning Improperly Vehicle Travel Direction <table style="width: 100%;"> <tr> <td>V1</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td></td><td>N</td><td>S</td><td>E</td><td>W</td></tr> <tr> <td>V2</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> <table style="width: 100%;"> <tr> <th style="text-align: left;">Vehicle Action</th> <th style="text-align: left;">Vision Obscurement</th> </tr> <tr> <td>V1</td> <td>V2</td> </tr> <tr> <td>1 <input type="checkbox"/> Going Straight</td> <td>0 <input type="checkbox"/> Vision not obscured</td> </tr> <tr> <td>2 <input type="checkbox"/> Negotiating Curve</td> <td>1 <input type="checkbox"/> Rain</td> </tr> <tr> <td>3 <input type="checkbox"/> Slowing</td> <td>2 <input type="checkbox"/> Snow</td> </tr> <tr> <td>4 <input type="checkbox"/> Stopped in Traffic Lane</td> <td>3 <input type="checkbox"/> Sleet</td> </tr> <tr> <td>5 <input type="checkbox"/> Merging</td> <td>4 <input type="checkbox"/> Fog</td> </tr> <tr> <td>6 <input type="checkbox"/> Enter, Parked Position</td> <td>5 <input type="checkbox"/> Glare</td> </tr> <tr> <td>7 <input type="checkbox"/> Exit, Parked Position</td> <td>6 <input type="checkbox"/> Sunlight</td> </tr> <tr> <td>8 <input type="checkbox"/> Parked</td> <td>7 <input type="checkbox"/> Headlights</td> </tr> <tr> <td>9 <input type="checkbox"/> Turning Right</td> <td>8 <input type="checkbox"/> Building</td> </tr> <tr> <td>10 <input type="checkbox"/> Turning Right on Red</td> <td>9 <input type="checkbox"/> Billboard</td> </tr> <tr> <td>11 <input type="checkbox"/> Turning Left</td> <td>10 <input type="checkbox"/> Trees</td> </tr> <tr> <td>12 <input type="checkbox"/> Turning Left on Red</td> <td>11 <input type="checkbox"/> Shrubs</td> </tr> <tr> <td>13 <input type="checkbox"/> Making U Turn</td> <td>12 <input type="checkbox"/> Other Vegetation</td> </tr> <tr> <td>14 <input type="checkbox"/> Backing</td> <td>13 <input type="checkbox"/> Moving Vehicle</td> </tr> <tr> <td>15 <input type="checkbox"/> Avoiding Vehicle</td> <td>14 <input type="checkbox"/> Parked Vehicle</td> </tr> <tr> <td>16 <input type="checkbox"/> Avoiding Pedestrian</td> <td>15 <input type="checkbox"/> Ice on Windshield</td> </tr> <tr> <td>17 <input type="checkbox"/> Avoiding Animal</td> <td>16 <input type="checkbox"/> Fog on Windshield</td> </tr> <tr> <td>18 <input type="checkbox"/> Avoiding Other Object</td> <td>17 <input type="checkbox"/> Broken Windshield</td> </tr> <tr> <td>19 <input type="checkbox"/> Passing</td> <td>18 <input type="checkbox"/> Dirty Windshield</td> </tr> <tr> <td>20 <input type="checkbox"/> Changing Lanes</td> <td>19 <input type="checkbox"/> Other</td> </tr> <tr> <td>21 <input type="checkbox"/> Other Action</td> <td>20 <input type="checkbox"/> Not Known</td> </tr> <tr> <td>22 <input type="checkbox"/> Action Not Known</td> <td></td> </tr> </table> Contributing Factors <table style="width: 100%;"> <tr> <th style="text-align: left;">OPR 1</th> <th style="text-align: left;">OPR 2</th> </tr> <tr> <td>0 <input type="checkbox"/></td> <td><input type="checkbox"/> No Contributing Factor</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td><input type="checkbox"/> Too Fast For Conditions</td> </tr> <tr> <td>2 <input type="checkbox"/></td> <td><input type="checkbox"/> Fail to Yield</td> </tr> <tr> <td>3 <input type="checkbox"/></td> <td><input type="checkbox"/> Alcohol</td> </tr> <tr> <td>4 <input type="checkbox"/></td> <td><input type="checkbox"/> Drugs</td> </tr> <tr> <td>5 <input type="checkbox"/></td> <td><input type="checkbox"/> Disregarded Stop Sign</td> </tr> <tr> <td>6 <input type="checkbox"/></td> <td><input type="checkbox"/> Disregarded Yield Sign</td> </tr> <tr> <td>7 <input type="checkbox"/></td> <td><input type="checkbox"/> Disregarded Traffic Signal</td> </tr> <tr> <td>8 <input type="checkbox"/></td> <td><input type="checkbox"/> Wrong Side Road</td> </tr> <tr> <td>9 <input type="checkbox"/></td> <td><input type="checkbox"/> Wrong Way — 1 Way Traffic</td> </tr> <tr> <td>10 <input type="checkbox"/></td> <td><input type="checkbox"/> Followed Too Close</td> </tr> <tr> <td>11 <input type="checkbox"/></td> <td><input type="checkbox"/> Illegal Right Turn</td> </tr> <tr> <td>12 <input type="checkbox"/></td> <td><input type="checkbox"/> Illegal Left Turn</td> 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type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N	S	E	W	V2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Action	Vision Obscurement	V1	V2	1 <input type="checkbox"/> Going Straight	0 <input type="checkbox"/> Vision not obscured	2 <input type="checkbox"/> Negotiating Curve	1 <input type="checkbox"/> Rain	3 <input type="checkbox"/> Slowing	2 <input type="checkbox"/> Snow	4 <input type="checkbox"/> Stopped in Traffic Lane	3 <input type="checkbox"/> Sleet	5 <input type="checkbox"/> Merging	4 <input type="checkbox"/> Fog	6 <input type="checkbox"/> Enter, Parked Position	5 <input type="checkbox"/> Glare	7 <input type="checkbox"/> Exit, Parked Position	6 <input type="checkbox"/> Sunlight	8 <input type="checkbox"/> Parked	7 <input type="checkbox"/> Headlights	9 <input type="checkbox"/> Turning Right	8 <input type="checkbox"/> Building	10 <input type="checkbox"/> Turning Right on Red	9 <input type="checkbox"/> Billboard	11 <input type="checkbox"/> Turning Left	10 <input type="checkbox"/> Trees	12 <input type="checkbox"/> Turning Left on Red	11 <input type="checkbox"/> Shrubs	13 <input type="checkbox"/> Making U Turn	12 <input type="checkbox"/> Other Vegetation	14 <input type="checkbox"/> Backing	13 <input type="checkbox"/> Moving Vehicle	15 <input type="checkbox"/> Avoiding Vehicle	14 <input type="checkbox"/> Parked Vehicle	16 <input type="checkbox"/> Avoiding Pedestrian	15 <input type="checkbox"/> Ice on Windshield	17 <input type="checkbox"/> Avoiding Animal	16 <input type="checkbox"/> Fog on Windshield	18 <input type="checkbox"/> Avoiding Other Object	17 <input type="checkbox"/> Broken Windshield	19 <input type="checkbox"/> Passing	18 <input type="checkbox"/> Dirty Windshield	20 <input type="checkbox"/> Changing Lanes	19 <input type="checkbox"/> Other	21 <input type="checkbox"/> Other Action	20 <input type="checkbox"/> Not Known	22 <input type="checkbox"/> Action Not Known		OPR 1	OPR 2	0 <input type="checkbox"/>	<input type="checkbox"/> No Contributing Factor	1 <input type="checkbox"/>	<input type="checkbox"/> Too Fast For Conditions	2 <input type="checkbox"/>	<input type="checkbox"/> Fail to Yield	3 <input type="checkbox"/>	<input type="checkbox"/> Alcohol	4 <input type="checkbox"/>	<input type="checkbox"/> Drugs	5 <input type="checkbox"/>	<input type="checkbox"/> Disregarded Stop Sign	6 <input type="checkbox"/>	<input type="checkbox"/> Disregarded Yield Sign	7 <input type="checkbox"/>	<input type="checkbox"/> Disregarded Traffic Signal	8 <input type="checkbox"/>	<input type="checkbox"/> Wrong Side Road	9 <input type="checkbox"/>	<input type="checkbox"/> Wrong Way — 1 Way Traffic	10 <input type="checkbox"/>	<input type="checkbox"/> Followed Too Close	11 <input type="checkbox"/>	<input type="checkbox"/> Illegal Right Turn	12 <input type="checkbox"/>	<input type="checkbox"/> Illegal Left Turn	13 <input type="checkbox"/>	<input type="checkbox"/> Illegal Lane Change	14 <input type="checkbox"/>	<input type="checkbox"/> Illegal Passing	15 <input type="checkbox"/>	<input type="checkbox"/> Prohibited U Turn	16 <input type="checkbox"/>	<input type="checkbox"/> Operating Defective Lights	17 <input type="checkbox"/>	<input type="checkbox"/> Operating Defective Brakes	18 <input type="checkbox"/>	<input type="checkbox"/> Operating Other Defective Equipment	19 <input type="checkbox"/>	<input type="checkbox"/> Unsafe Backing	20 <input type="checkbox"/>	<input type="checkbox"/> Other Factor	21 <input type="checkbox"/>	<input type="checkbox"/> Factor Not Known	Fire Occurrence 0 <input type="checkbox"/> No Fire Occurrence V1 1 <input type="checkbox"/> Fire Occurrence, Result of Impact V2 2 <input type="checkbox"/> Fire Occurrence, Result of Impact First Harmful Event <table style="width: 100%;"> <tr> <th style="text-align: left;">Non-Collision</th> <th style="text-align: left;">Collision With</th> </tr> <tr> <td>10 <input type="checkbox"/> Overtake</td> <td>1 <input type="checkbox"/> Pedestrian</td> </tr> <tr> <td>11 <input type="checkbox"/> Fire</td> <td>2 <input type="checkbox"/> Pedalcycle</td> </tr> <tr> <td>12 <input type="checkbox"/> Explosion</td> <td>3 <input type="checkbox"/> Railway Train</td> </tr> <tr> <td>13 <input type="checkbox"/> Immersion</td> <td>4 <input type="checkbox"/> MV in Transport</td> </tr> <tr> <td>14 <input type="checkbox"/> Gas Inhalation</td> <td>5 <input type="checkbox"/> MV in Other Roadway</td> </tr> <tr> <td>15 <input type="checkbox"/> Fell from Vehicle</td> <td>6 <input type="checkbox"/> Parked Motor Vehicle</td> </tr> <tr> <td>16 <input type="checkbox"/> Injured in Vehicle</td> <td>7 <input type="checkbox"/> Animal</td> </tr> <tr> <td>17 <input type="checkbox"/> Other Non-Collision</td> <td>8 <input type="checkbox"/> Other Object Not Fixed</td> </tr> </table> Collision with Fixed Object 20 <input type="checkbox"/> _____ Identify Object First Harmful Event Occurred 1 <input type="checkbox"/> On Roadway 3 <input type="checkbox"/> Median 2 <input type="checkbox"/> Shoulder 5 <input type="checkbox"/> Outside Trafficway 4 <input type="checkbox"/> Roadside 6 <input type="checkbox"/> Location Unknown Most Harmful Event V1 _____ Identify Event V2 _____ Identify Event Pedestrian Location 1 <input type="checkbox"/> In Crosswalk 6 <input type="checkbox"/> No Crosswalk 2 <input type="checkbox"/> Intersection 7 <input type="checkbox"/> Non-Intersection 3 <input type="checkbox"/> On Roadway 8 <input type="checkbox"/> Sidewalk 4 <input type="checkbox"/> On Road Shoulder 9 <input type="checkbox"/> Location Not Known 5 <input type="checkbox"/> Bike Path 10 <input type="checkbox"/> No Pedestrian 11 <input type="checkbox"/> Other Location Pedestrian Action 0 <input type="checkbox"/> Not Visible 1 <input type="checkbox"/> Crossing Road, No Intersection 2 <input type="checkbox"/> Crossing at Intersection 3 <input type="checkbox"/> Walking with Traffic 4 <input type="checkbox"/> Walking Against Traffic 5 <input type="checkbox"/> Playing 6 <input type="checkbox"/> Lying in Roadway 7 <input type="checkbox"/> Working 8 <input type="checkbox"/> Standing in Roadway 9 <input type="checkbox"/> No Pedestrian 10 <input type="checkbox"/> Other Ped. Action _____ 11 <input type="checkbox"/> Action Not Known EMS Time Notified _____ EMS Time Arrived _____ Injured Transported to _____ _____ Transported by _____ _____ INSURANCE CARRIER _____ V1 _____ V2 _____	Non-Collision	Collision With	10 <input type="checkbox"/> Overtake	1 <input type="checkbox"/> Pedestrian	11 <input type="checkbox"/> Fire	2 <input type="checkbox"/> Pedalcycle	12 <input type="checkbox"/> Explosion	3 <input type="checkbox"/> Railway Train	13 <input type="checkbox"/> Immersion	4 <input type="checkbox"/> MV in Transport	14 <input type="checkbox"/> Gas Inhalation	5 <input type="checkbox"/> MV in Other Roadway	15 <input type="checkbox"/> Fell from Vehicle	6 <input type="checkbox"/> Parked Motor Vehicle	16 <input type="checkbox"/> Injured in Vehicle	7 <input type="checkbox"/> Animal	17 <input type="checkbox"/> Other Non-Collision	8 <input type="checkbox"/> Other Object Not Fixed
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13 <input type="checkbox"/> Making U Turn	12 <input type="checkbox"/> Other Vegetation																																																																																																																																
14 <input type="checkbox"/> Backing	13 <input type="checkbox"/> Moving Vehicle																																																																																																																																
15 <input type="checkbox"/> Avoiding Vehicle	14 <input type="checkbox"/> Parked Vehicle																																																																																																																																
16 <input type="checkbox"/> Avoiding Pedestrian	15 <input type="checkbox"/> Ice on Windshield																																																																																																																																
17 <input type="checkbox"/> Avoiding Animal	16 <input type="checkbox"/> Fog on Windshield																																																																																																																																
18 <input type="checkbox"/> Avoiding Other Object	17 <input type="checkbox"/> Broken Windshield																																																																																																																																
19 <input type="checkbox"/> Passing	18 <input type="checkbox"/> Dirty Windshield																																																																																																																																
20 <input type="checkbox"/> Changing Lanes	19 <input type="checkbox"/> Other																																																																																																																																
21 <input type="checkbox"/> Other Action	20 <input type="checkbox"/> Not Known																																																																																																																																
22 <input type="checkbox"/> Action Not Known																																																																																																																																	
OPR 1	OPR 2																																																																																																																																
0 <input type="checkbox"/>	<input type="checkbox"/> No Contributing Factor																																																																																																																																
1 <input type="checkbox"/>	<input type="checkbox"/> Too Fast For Conditions																																																																																																																																
2 <input type="checkbox"/>	<input type="checkbox"/> Fail to Yield																																																																																																																																
3 <input type="checkbox"/>	<input type="checkbox"/> Alcohol																																																																																																																																
4 <input type="checkbox"/>	<input type="checkbox"/> Drugs																																																																																																																																
5 <input type="checkbox"/>	<input type="checkbox"/> Disregarded Stop Sign																																																																																																																																
6 <input type="checkbox"/>	<input type="checkbox"/> Disregarded Yield Sign																																																																																																																																
7 <input type="checkbox"/>	<input type="checkbox"/> Disregarded Traffic Signal																																																																																																																																
8 <input type="checkbox"/>	<input type="checkbox"/> Wrong Side Road																																																																																																																																
9 <input type="checkbox"/>	<input type="checkbox"/> Wrong Way — 1 Way Traffic																																																																																																																																
10 <input type="checkbox"/>	<input type="checkbox"/> Followed Too Close																																																																																																																																
11 <input type="checkbox"/>	<input type="checkbox"/> Illegal Right Turn																																																																																																																																
12 <input type="checkbox"/>	<input type="checkbox"/> Illegal Left Turn																																																																																																																																
13 <input type="checkbox"/>	<input type="checkbox"/> Illegal Lane Change																																																																																																																																
14 <input type="checkbox"/>	<input type="checkbox"/> Illegal Passing																																																																																																																																
15 <input type="checkbox"/>	<input type="checkbox"/> Prohibited U Turn																																																																																																																																
16 <input type="checkbox"/>	<input type="checkbox"/> Operating Defective Lights																																																																																																																																
17 <input type="checkbox"/>	<input type="checkbox"/> Operating Defective Brakes																																																																																																																																
18 <input type="checkbox"/>	<input type="checkbox"/> Operating Other Defective Equipment																																																																																																																																
19 <input type="checkbox"/>	<input type="checkbox"/> Unsafe Backing																																																																																																																																
20 <input type="checkbox"/>	<input type="checkbox"/> Other Factor																																																																																																																																
21 <input type="checkbox"/>	<input type="checkbox"/> Factor Not Known																																																																																																																																
Non-Collision	Collision With																																																																																																																																
10 <input type="checkbox"/> Overtake	1 <input type="checkbox"/> Pedestrian																																																																																																																																
11 <input type="checkbox"/> Fire	2 <input type="checkbox"/> Pedalcycle																																																																																																																																
12 <input type="checkbox"/> Explosion	3 <input type="checkbox"/> Railway Train																																																																																																																																
13 <input type="checkbox"/> Immersion	4 <input type="checkbox"/> MV in Transport																																																																																																																																
14 <input type="checkbox"/> Gas Inhalation	5 <input type="checkbox"/> MV in Other Roadway																																																																																																																																
15 <input type="checkbox"/> Fell from Vehicle	6 <input type="checkbox"/> Parked Motor Vehicle																																																																																																																																
16 <input type="checkbox"/> Injured in Vehicle	7 <input type="checkbox"/> Animal																																																																																																																																
17 <input type="checkbox"/> Other Non-Collision	8 <input type="checkbox"/> Other Object Not Fixed																																																																																																																																

Damage to Property Other Than Vehicle	Describe Property		
Owner of Property	Name	Address	Estimate of Damage
Notified of Damage	Name	Address	Time Date
Witnesses	Name	Address	Age Sex
Witnesses	Name	Address	Age Sex

ASP 50 6-90 LOCATION	MUNICIPAL USE ONLY.				Incident # _____ Unit Assigned _____ Premises _____ Geo. Code _____ District _____		Accident Severity/Injury Code 1. <input type="checkbox"/> Fatal Injury 2. <input type="checkbox"/> Incapacitating Injury 3. <input type="checkbox"/> Nonincapacitating Injury 4. <input type="checkbox"/> Possible Injury 5. <input type="checkbox"/> Property Damage only
	County _____		City _____				Date _____
	Not in City, but _____ Distance _____ N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W from nearest city limit _____						Month _____ Day _____ Year _____
	Road/Street of Accident Occurrence _____		If on numbered Highway/County Road, give # _____		Section _____ Log Mile _____		Day of Week _____
	At its intersection with _____		Give # Highway, County Road, Name of City Street as applicable _____				Time _____ AM _____ PM
Special Reference							No. Vehicles Involved _____
Not at intersection, but _____ Distance _____ N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W _____ Reference Point _____							

SUPPLEMENTAL TRUCK & BUS ACCIDENT REPORT

WHEN TO USE FORM: Answers to questions below determines use

Did this accident involve -

1. truck with at least 2 axles, 6 tires or has mat placard? ☐ Yes ☐ No
2. bus with seats for more than 15 people, including driver? ☐ Yes ☐ No
- STOP - If response to both questions is "No", do not fill out form.
3. person(s) fatally injured? ☐ Yes ☐ No
4. injured person(s) taken away for medical attention? ☐ Yes ☐ No
5. vehicle(s) towed from scene? ☐ Yes ☐ No
- STOP - If response to 3, 4, and 5 is "No", do not fill out form.
- If response is "Yes" to 3, 4, or 5, fill out form.

ACCIDENT INFORMATION		
A. Report/Accident Number		
State _____ Number _____		
B-1. Carrier's Identification Numbers		
US DOT _____ ICC MC _____		
State Name _____ State Number _____		
B-2. Carrier's Name		
Source: (1) _____ Vehicle Side (2) _____ Shipping Papers (3) _____ Driver		
B-3. Carrier's Address		
Street or P.O. Box _____ City _____ State _____ Zip Code _____		
C. Date of Accident		D. Time of Accident
Mon. Day Year		_____ a.m. _____ : _____ p.m. hours:minutes
E-1. Accident Location: Number/Name of Highway/Street		
E-2. Township/City		
E-3. County		
F-1. Truck or Bus Driver's Name		
Last _____ First _____ Middle Initial _____		
F-2. Driver's License Number		F-3. State
_____		_____
G. Number of Fatalities as Result of Accident	H. Number of Injuries as Result of Accident	I. Was any vehicle towed as Result of Damage Received?
_____	_____	(1) _____ Yes (2) _____ No

VEHICLE INFORMATION	
J. Gross Vehicle Weight Rating	K. Axles on Vehicle (including trailers)
_____ lbs.	_____
L. HAZARDOUS MATERIALS INVOLVEMENT	
L-1. Did vehicle have Haz Mat placard?	
(1) _____ Yes (2) _____ No	
L-2. From placard indicate:	
4-digit placard number/ name from diamond/box	1-digit number from bottom of diamond:
_____	_____
L-3. Was HAZARDOUS CARGO from vehicle released? (Don't count fuel from fuel tank)	
(1) _____ Yes (2) _____ No	
M. Vehicle Configuration	
(1) _____ Bus (2) _____ Single-unit truck: 2 axle, 6 tires (3) _____ Single-unit truck: 3 or more axles (4) _____ Truck/trailer (5) _____ Truck tractor (bobtail) (6) _____ Tractor/semitrailer (7) _____ Tractor/doubles (8) _____ Tractor/triples (9) _____ Unknown heavy truck	
N. Cargo Body Type	
(1) _____ Bus (2) _____ Van/enclosed box (3) _____ Cargo tank (4) _____ Flatbed (5) _____ Dump (6) _____ Concrete mixer (7) _____ Auto transporter (8) _____ Garbage/refuse (9) _____ Other	
O. Sequence of Events (for this vehicle)	
1 2 3 4 Ran off road 1 2 3 4 Jackknife 1 2 3 4 Overtake 1 2 3 4 Downhill runaway 1 2 3 4 Cargo loss or shift 1 2 3 4 Explosion or fire 1 2 3 4 Separation of units 1 2 3 4 Collision involving pedestrian 1 2 3 4 Collision involving motor vehicle in transport 1 2 3 4 Collision involving parked motor vehicle 1 2 3 4 Collision involving train 1 2 3 4 Collision involving pedalcycle 1 2 3 4 Collision involving animal 1 2 3 4 Collision involving fixed object 1 2 3 4 Collision involving other object 1 2 3 4 Other	

ASP-50
6-90

CIRCLE APPROPRIATE VEHICLE

Vehicle Type # 1
BUS
Seats for more than
15 passengers,
including driver



Vehicle Type # 3
SINGLE-UNIT
3 OR MORE AXLES TRUCK



Vehicle Type # 5
TRUCK TRACTOR (i.e. bobtail)



Vehicle Type # 4
TRUCK/TRAILER



Vehicle Type # 6
TRACTOR/SEMI-TRAILER



Vehicle Type # 2
SINGLE-UNIT
2 - AXLE
6-TIRE TRUCK



Vehicle Type # 7
TRACTOR/DOUBLES



Vehicle Type # 8
TRACTOR/TRIPLES



STATE OF ARKANSAS

Supplement - Motorcycle, Motor-Driven Cycle, Moped, Motorized Bicycle, Two or Three-Wheeled Vehicle, All Terrain Vehicles with three or more wheels.

ACCIDENT REPORT


Arkansas

1. OPERATOR _____
(Last Name) (First Name) (Middle Initial)
2. ADDRESS _____
3. PASSENGER _____
(Last Name) (First Name) (Middle Initial)
4. ADDRESS _____
5. VEHICLE _____ YEAR _____ MAKE _____ CC'S _____
6. Was helmet worn? Yes () No () Unknown ()
7. Type helmet: Full () 3/4 () 1/2 () None ()
8. Did helmet meet Federal Safety Standard No. 218?
Yes () No () Unknown ()
9. Was eye protection worn? Yes () No () Unknown ()
10. Did eye protection meet Federal Safety Regulation VESC-8?
Yes () No () Unknown ()
11. Headlight: On () Off () Unknown ()
12. Head injury: Yes () No () Unknown ()
13. Was subject properly licensed to operate the vehicle?
Yes () No () Unknown ()
14. Was vehicle towing another vehicle? (Trailer or other vehicle?) Yes () No () Unknown ()

STATE OF ARKANSAS Supplemental Truck and Bus Accident Report

Vehicle Configurations		Cargo Body Types
1. Bus	6. Single unit truck (2 axle, 6 tire)	1. Enclosed box
2. Tractor/semi-trailer	7. Single unit truck (3 or more axles)	2. Cargo tank, dry bulk (e.g. cement, flyash)
3. Tractor/doubles	8. Truck tractor (bobtail)	3. Cargo tank, liquid bul (e.g. milk)
4. Tractor/triples	9. Truck/trailer	4. Cargo tank, gas bulk (e.g. flammable)
5. Heavy truck, cannot classify		5. Flatbed/platform
		6. Dump
		7. Concrete Mixer
		8. Auto transporter
		9. Garbage/refuse
		10. Other

Note: The vehicle number filled in below must match exactly to the vehicle and operator number on page 1 of accident report form. ASP NO.

1. Carrier/Owner name		Source:	Bill	Vehicle	Driver
 Veh No.					
	2. Carrier/Owner address				
	Street _____				
	City _____				
State _____ Zip _____					

3. CARRIER I.D. NUMBER _____	6. CITATION ISSUED? YES NO
4. VEHICLE CONFIGURATION <input type="checkbox"/> 5. CARGO BODY TYPE <input type="checkbox"/>	7. VEHICLE TOWED? YES NO

8. FIRST/SUBSEQUENT HARMFUL EVENT(S)		9. HAZARDOUS MATERIALS INVOLVEMENT	
Sequence	Item		
1 2 3 4	Jackknife	Were hazardous materials cargo present in this vehicle?	YES NO
1 2 3 4	Overturn	Were hazardous materials released or spilled?	YES NO
1 2 3 4	Separation of Units	Did vehicle have a hazardous materials placard present?	YES NO
1 2 3 4	Loss or Spillage	HAZARD CLASS PLACARD NUMBER _____	
1 2 3 4	Explosion	Was a hazardous materials citation or notice of apparent violation issued? YES NO	
1 2 3 4	Fire		
1 2 3 4	Other		

10. DRIVER		11. Did any injury require medical treatment away from scene? YES NO	
APPARENT DRIVER CONDITION			
1	Appeared normal		
2	Drinking/alcohol related...		
	*Chemical test administered?	YES NO	RESULTS _____
3	Illegal drug use		
	*Chemical test administered?	YES NO	
4	Sick		
5	Fatigue		
6	Asleep		
7	Medication		

TRAFFIC COLLISION REPORT

PAGE OF

SPECIAL CONDITIONS		NUMBER INJURED	MT & RUN FOLLOW	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER	
		NUMBER KILLED	MT & RUN RECD	COUNTY	REPORTING DISTRICT	BEAT	

LOCATION	COLLISION OCCURRED ON					MO.	DAY	YEAR	TIME (24HR)	NO. #	OFFICER I.D.
	HIGHLIGHT INFORMATION					DAY OF WEEK			TOW AWAY	PHOTOGRAPHS BY:	
	<input type="checkbox"/> AT INTERSECTION WITH <input type="checkbox"/> OR:					SMTWTFS			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NONE	
	PERCENT/MILES OF										

PARTY 1	DRIVER'S LICENSE NUMBER				STATE	CLASS	SAFETY SQUP.	VEH. YEAR	MAKE / MODEL / COLOR			LICENSE NUMBER	STATE
	DRIVER NAME (FIRST, MIDDLE, LAST)												
	STREET ADDRESS												
	CITY / STATE / ZIP												
	OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER												
	OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER												
CITY / STATE / ZIP SEX HAIR EYES HEIGHT WEIGHT MO. BIRTHDATE DAY YEAR RACE DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER													
OTHER HOME PHONE BUSINESS PHONE PRIOR MECHANICAL DEFECTS: NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>													
INSURANCE CARRIER POLICY NUMBER CHP USE ONLY VEHICLE TYPE DESCRIBE VEHICLE DAMAGE SHADE IN DAMAGED AREA UNK. NONE MINOR MOD. MAJOR TOTAL													
DIR. OF TRAVEL ON STREET OR HIGHWAY SPEED LIMIT PCF ICC PUC CHP 													

PARTY 2	DRIVER'S LICENSE NUMBER				STATE	CLASS	SAFETY SQUP.	VEH. YEAR	MAKE / MODEL / COLOR			LICENSE NUMBER	STATE
	DRIVER NAME (FIRST, MIDDLE, LAST)												
	STREET ADDRESS												
	CITY / STATE / ZIP												
	OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER												
	OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER												
CITY / STATE / ZIP SEX HAIR EYES HEIGHT WEIGHT MO. BIRTHDATE DAY YEAR RACE DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER													
OTHER HOME PHONE BUSINESS PHONE PRIOR MECHANICAL DEFECTS: NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>													
INSURANCE CARRIER POLICY NUMBER CHP USE ONLY VEHICLE TYPE DESCRIBE VEHICLE DAMAGE SHADE IN DAMAGED AREA UNK. NONE MINOR MOD. MAJOR TOTAL													
DIR. OF TRAVEL ON STREET OR HIGHWAY SPEED LIMIT PCF ICC PUC CHP 													

PARTY 3	DRIVER'S LICENSE NUMBER				STATE	CLASS	SAFETY SQUP.	VEH. YEAR	MAKE / MODEL / COLOR			LICENSE NUMBER	STATE
	DRIVER NAME (FIRST, MIDDLE, LAST)												
	STREET ADDRESS												
	CITY / STATE / ZIP												
	OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER												
	OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER												
CITY / STATE / ZIP SEX HAIR EYES HEIGHT WEIGHT MO. BIRTHDATE DAY YEAR RACE DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER													
OTHER HOME PHONE BUSINESS PHONE PRIOR MECHANICAL DEFECTS: NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>													
INSURANCE CARRIER POLICY NUMBER CHP USE ONLY VEHICLE TYPE DESCRIBE VEHICLE DAMAGE SHADE IN DAMAGED AREA UNK. NONE MINOR MOD. MAJOR TOTAL													
DIR. OF TRAVEL ON STREET OR HIGHWAY SPEED LIMIT PCF ICC PUC CHP 													

PREPARED BY NAME				DISPATCH NOTIFIED				REVIEWER'S NAME				DATE REVIEWED			
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA											

California

STATE OF CALIFORNIA
TRAFFIC COLLISION CODING

DATE OF COLLISION		TIME (2400)	HCIC NUMBER	OFFICER I.D.	NUMBER	PAGE
NO.	DAY	YEAR				
PROPERTY DAMAGE		OWNER'S NAME / ADDRESS				NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
		DESCRIPTION OF DAMAGE				

SEATING POSITION 	SAFETY EQUIPMENT OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP / SHOULDER HARNESS USED H - LAP / SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED CHILD RESTRAINT L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE	M/C BICYCLE - HELMET DRIVER V - NO W - YES PASSENGER X - NO Y - YES	EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT		TRAFFIC CONTROL DEVICES			1	2	3	TYPE OF VEHICLE			1	2	3	MOVEMENT PRECEDING COLLISION		
#	A VC SECTION VIOLATED: <small>CITED <input type="checkbox"/> YES <input type="checkbox"/> NO</small>	A CONTROLS FUNCTIONING						A PASSENGER CAR / STATION WAGON						A STOPPED		
	B OTHER IMPROPER DRIVING * :	B CONTROLS NOT FUNCTIONING *						B PASSENGER CAR W / TRAILER						B PROCEEDING STRAIGHT		
	C OTHER THAN DRIVER *	C CONTROLS OBSCURED						C MOTORCYCLE / SCOOTER						C RAN OFF ROAD		
	D UNKNOWN *	D NO CONTROLS PRESENT / FACTOR *						D PICKUP OR PANEL TRUCK						D MAKING RIGHT TURN		
	E FELL ASLEEP *	TYPE OF COLLISION						E PICKUP / PANEL TRUCK W / TRAILER						E MAKING LEFT TURN		
		A HEAD - ON						F TRUCK OR TRUCK TRACTOR						F MAKING U TURN		
		B SIDESWIPE						G TRUCK / TRUCK TRACTOR W / TRLR.						G BACKING		
		C REAR END						H SCHOOL BUS						H SLOWING / STOPPING		
	WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE						I OTHER BUS						I PASSING OTHER VEHICLE		
	A CLEAR	E HIT OBJECT						J EMERGENCY VEHICLE						J CHANGING LANES		
	B CLOUDY	F OVERTURNED						K HIGHWAY CONST. EQUIPMENT						K PARKING MANEUVER		
	C RAINING	G VEHICLE / PEDESTRIAN						L BICYCLE						L ENTERING TRAFFIC		
	D SNOWING	H OTHER * :						M OTHER VEHICLE						M OTHER UNSAFE TURNING		
	E FOG / VISIBILITY FT.	MOTOR VEHICLE INVOLVED WITH						N PEDESTRIAN						N XING INTO OPPOSING LANE		
	F OTHER * :	A NON - COLLISION						O MOPED						O PARKED		
	G WIND	B PEDESTRIAN												P MERGING		
	LIGHTING	C OTHER MOTOR VEHICLE												Q TRAVELING WRONG WAY		
	A DAYLIGHT	D MOTOR VEHICLE ON OTHER ROADWAY						OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)						R OTHER * :		
	B DUSK - DAWN	E PARKED MOTOR VEHICLE														
	C DARK - STREET LIGHTS	F TRAIN						A VC SECTION VIOLATION: <small>CITED <input type="checkbox"/> YES <input type="checkbox"/> NO</small>								
	D DARK - NO STREET LIGHTS	G BICYCLE						B VC SECTION VIOLATION: <small>CITED <input type="checkbox"/> YES <input type="checkbox"/> NO</small>								
	E DARK - STREET LIGHTS NOT FUNCTIONING *	H ANIMAL :						C VC SECTION VIOLATION: <small>CITED <input type="checkbox"/> YES <input type="checkbox"/> NO</small>								
	ROADWAY SURFACE	I FIXED OBJECT :														
	A DRY	J OTHER OBJECT :														
	B WET															
	C SNOWY - ICY															
	D SLIPPERY (MUDDY, OILY, ETC.)															
	ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	PEDESTRIAN'S INVOLVED														
	A HOLES, DEEP RUT *	A NO PEDESTRIAN INVOLVED														
	B LOOSE MATERIAL ON ROADWAY *	B CROSSING IN CROSSWALK AT INTERSECTION														
	C OBSTRUCTION ON ROADWAY *	C CROSSING IN CROSSWALK - NOT AT INTERSECTION														
	D CONSTRUCTION - REPAIR ZONE	D CROSSING - NOT IN CROSSWALK														
	E REDUCED ROADWAY WIDTH	E IN ROAD - INCLUDES SHOULDER														
	F FLOODED *	F NOT IN ROAD														
	G OTHER * :	G APPROACHING / LEAVING SCHOOL BUS														
	H NO UNUSUAL CONDITIONS															

SKETCH <div style="text-align: center;"> INDICATE NORTH </div>	MISCELLANEOUS
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INJURED / WITNESSES / PASSENGERS

PAGE

DATE OF COLLISION		TIME (2400)		NOC NUMBER		OFFICER I.D.		NUMBER										
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	SAFETY BELT	EJECTED		
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER						
<input type="checkbox"/> *	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
NAME / D.O.B. / ADDRESS																	TELEPHONE	
(INJURED ONLY) TRANSPORTED BY:																	TAKEN TO:	
DESCRIBE INJURIES																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input type="checkbox"/> *	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
NAME / D.O.B. / ADDRESS																	TELEPHONE	
(INJURED ONLY) TRANSPORTED BY:																	TAKEN TO:	
DESCRIBE INJURIES																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input type="checkbox"/> *	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
NAME / D.O.B. / ADDRESS																	TELEPHONE	
(INJURED ONLY) TRANSPORTED BY:																	TAKEN TO:	
DESCRIBE INJURIES																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input type="checkbox"/> *	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
NAME / D.O.B. / ADDRESS																	TELEPHONE	
(INJURED ONLY) TRANSPORTED BY:																	TAKEN TO:	
DESCRIBE INJURIES																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input type="checkbox"/> *	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
NAME / D.O.B. / ADDRESS																	TELEPHONE	
(INJURED ONLY) TRANSPORTED BY:																	TAKEN TO:	
DESCRIBE INJURIES																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input type="checkbox"/> *	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
NAME / D.O.B. / ADDRESS																	TELEPHONE	
(INJURED ONLY) TRANSPORTED BY:																	TAKEN TO:	
DESCRIBE INJURIES																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		

PREPARED BY NAME	I.D. NUMBER	MO.	DAY	YEAR	REVIEWER'S NAME	MO.	DAY	YEAR
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STATE OF CALIFORNIA
FACTUAL DIAGRAM

DATE OF COLLISION			TIME (2400)	NCIC NUMBER	OFFICER I.D.	PAGE NUMBER
MO.	DAY	YR.				

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE -



INDICATE
NORTH

DRAWN BY	I.D. NUMBER	MO. DAY YR.	REVIEWER'S NAME	MO. DAY YR.

CHP 555--Page 4 (Rev II-85) OP1 042

Mail to:
Dept. of Revenue
ACCIDENT RECORDS
4201 E. Arkansas Ave
Denver, Colorado 80222
DR-447 (1/90)

STATE OF COLORADO INVESTIGATOR'S TRAFFIC ACCIDENT REPORT

SHEET _____ OF _____ SHEETS

CITY SERIAL NUMBER		STATE SERIAL NUMBER	
A ROAD CODE			
DATE OF ACCIDENT		TIME	DAY OF WEEK
DATE NOTIFIED OF ACCIDENT		TIME	INVESTIGATED AT SCENE
DATE ARRIVED AT SCENE		TIME	OFFICER NUMBER
DATE OF REPORT		LOCATION: ROUTE, STREET, ROAD	
NUMBER KILLED		NUMBER INJURED	MILES FEET N S E W
PUBLIC PROPERTY PUBLIC EMPLOYEE		TOTAL VEHICLES	DISTRICT NUMBER
VEH #1 OR PARKED UNATTENDED PEDESTRIAN #		VEH #2 OR PARKED UNATTENDED PEDESTRIAN #	
LAST NAME FIRST MI		LAST NAME FIRST MI	
STREET ADDRESS		RES. PHONE	
CITY STATE ZIP CODE		BUS. PHONE	
DRIVER LIC. NO. STATE SEX		DATE OF BIRTH	
VIOLATION(S)		AGE	
VIOLATION CODE(S)		CITATION NUMBER(S)	
YEAR MAKE		MODEL	
LIC. PLATE NO. STATE BODY TYPE COLOR		LIC. PLATE NO. STATE BODY TYPE COLOR	
VEH IDENT. NO.		VEH IDENT. NO.	
VEH OWNER LAST NAME FIRST MI		VEH OWNER LAST NAME FIRST MI	
ADDRESS CITY STATE ZIP CODE		ADDRESS CITY STATE ZIP CODE	
INS. CO. DAMAGE SEVERITY 1-SLIGHT 2-MODERATE 3-EXTREME		INS. CO. DAMAGE SEVERITY 1-SLIGHT 2-MODERATE 3-EXTREME	
POLICY # EXP. DATE		POLICY # EXP. DATE	
20 Undercarriage		20 Undercarriage	
VEH # TOWED BY/TO		VEH # TOWED BY/TO	
OWNER OF DAMAGED PROP LAST NAME FIRST MI		ADDRESS CITY STATE ZIP CODE	
DESCRIBE ACCIDENT			
INDICATE NORTH BY ARROW			
VEH # (1)			
Pos (2)			
Res (3)			
Ejct (4)			
Inj Sev (5)			
Phy Inj (6)			
Stat (7)			
Trp Rpt (8)			
Age (9)			
Sex (10)			
Name/ Add (11)			

Colorado

Original size document -

[illegible]

ACCIDENT REPORT OVERLAY

Colorado

ACCIDENT CLASSIFICATION		VEHICLE CLASSIFICATION		
A. BY LOCATION 1 ON ROADWAY ACCIDENT 2 RAN OFF LEFT SIDE 3 RAN OFF RIGHT SIDE 4 RAN OFF "T" INTERSECTION		K. BY VEHICLE TYPE 1 PSGR CAR/PSGR VAN 2 PSGR CAR/PSGR VAN W/TLR 3 PICKUP TRUCK/UTILITY VAN 4 PICKUP TRUCK/UTILITY VAN W/TLR 5 TRUCK, SELF-CONTAINED (OR VEH WT 10,000 LBS OR LESS) 6 TRUCKS OVER 10,000 LBS, AND BUSES OVER 15 PERSONS (Complete supplemental form DR447A-Appendix G) 7 MOTOR HOME 8 SCHOOL BUS LESS THAN 15 PEOPLE 9 NON-SCHOOL BUS LESS THAN 15 PEOPLE 10 MOTORCYCLE 11 BICYCLE 12 MOTORIZED BICYCLE 13 FARM EQUIPMENT 14 HIT-AND-RUN/UNK VEH (Complete supplemental form DR447A-Appendix G) 15 OTHER (DESCRIBE VEH IN ACC REPORT NARRATIVE)		VEH #1 K VEH #2 K
B. BY FIRST HARMFUL EVENT NON-COLLISION ACCIDENT 1 OVERTURNING ACCIDENT 2 OTHER NON-COLLISION ACCIDENT COLLISION ACCIDENT 3 INVOLVING PEDESTRIAN 4 SCHOOL AGE TO/FROM SCHOOL 5 INVOLVING MTR VEH IN TRANSPORT 6 BROADSIDE 7 HEAD-ON 8 SIDESWIPE-SAME DIRECTION 9 SIDESWIPE-OPPOSITE DIRECTION 10 APPROACH TURN 11 OVERTAKING TURN 12 PARKED MOTOR VEHICLE 13 RAILWAY VEHICLE 14 BICYCLE 15 MOTORIZED BICYCLE 16 INVOLVING ANIMAL 17 WILD COLLISION ACCIDENT INVOLVING FIXED OBJECT 18 LIGHT POLE/UTILITY POLE 19 TRAFFIC SIGNAL POLE 20 SIGN 21 BRIDGE RAIL 22 GUARD RAIL 23 MEDIAN BARRIER 24 BRIDGE ABUTMENT 25 COLUMN OR PIER 26 CULVERT OR HEADWALL 27 EMBANKMENT 28 CURB 29 DELINEATOR POST 30 FENCE 31 TREE 32 LARGE BOULDER 33 ROCKS IN ROADWAY 34 BARRICADE 35 WALL/BUILDING 36 CRASH CUSHION 37 MAILBOX 38 OTHER FIXED OBJECT 39 INVOLVING OTHER OBJECT 40 ROAD MAINTENANCE EQUIP		L. BY DIRECTION OF TRAVEL 1 NORTH 2 NORTHEAST 3 EAST 4 SOUTHEAST 5 SOUTH 6 SOUTHWEST 7 WEST 8 NORTHWEST M. BY VEHICLE MOVEMENT 1 GOING STRAIGHT 2 SLOWING 3 STOPPED IN TRAFFIC 4 MAKING RIGHT TURN 5 MAKING LEFT TURN 6 MAKING U-TURN 7 PASSING 8 BACKING 9 ENTER/LEAVING PARKED POSITION 10 STARTING IN TRAFFIC 11 PARKED 12 CHANGING LANES 13 AVOIDING OBJECT IN ROADWAY 14 WEAVING 15 OTHER (SPECIFY IN NARRATIVE)		VEH #1 L VEH #2 L VEH #1 M VEH #2 M
C. BY DAMAGE SEVERITY 1 DISABLING DAMAGE ACCIDENT 2 FUNCTIONAL DAMAGE ACCIDENT 3 OTHER MTR VEH DAMAGE ACCIDENT 4 OTHER PROPERTY DAMAGE ACCIDENT 5 NO DAMAGE ACCIDENT		N. BY VEHICLE DEFECT 1 NO APPARENT CONTRIBUTING FACTORS 2 BRAKES INOPERATIVE/OUT OF ADJUSTMENT 3 IMPROPER TIRES FOR CONDITIONS 4 SUDDEN TIRE FAILURE 5 WINDOWS OBSCURED 6 INOPERABLE SIGNALLING DEVICES 7 DEFECTIVE HEADLIGHTS 8 DEFECTIVE TAIL/BRAKE LIGHTS 9 OTHER CONTRIBUTING FACTOR (SPECIFY IN NARRATIVE)		VEH #1 N VEH #2 N
D. BY ROAD DESCRIPTION AT ACCIDENT LOCATION 1 AT INTERSECTION 2 AT DRIVEWAY ACCESS 3 INTERSECTION RELATED 4 IN MID-BLOCK (CITY) 5 IN ALLEY 6 NON-INTERSECTION (RURAL) 7 HIGHWAY INTERCHANGE		P. BY FIRE/HAZARDOUS MATERIALS INVOLVEMENT 1 NO FIRE/NO HAZ-MAT CARGO 2 NO FIRE/HAZ-MAT CARGO NOT INVOLVED 3 NO FIRE/HAZ-MAT INCIDENT 4 VEHICLE FIRE/NO HAZ-MAT CARGO 5 VEHICLE FIRE/HAZ-MAT CARGO NOT INVOLVED 6 VEHICLE FIRE/HAZ-MAT INCIDENT		VEH #1 P VEH #2 P
E. BY ROAD CONTOUR 1 STRAIGHT, ON-LEVEL 2 STRAIGHT, ON-GRADE 3 CURVE, ON-LEVEL 4 CURVE, ON-GRADE 5 HILLCREST		Q. BY SPEED DATA SPEED LIMIT/EST DRIVING SPEED		VEH #1 Q VEH #2 Q
F. BY ROAD SURFACE 1 CONCRETE 2 BLACKTOP (BITUMINOUS) 3 BRICK OR BLOCK 4 SLAG, GRAVEL OR STONE 5 DIRT 6 OTHER 7 UNK		DRIVER/PEDESTRIAN CLASSIFICATION		
G. BY ROAD CONDITION 1 DRY 2 WET 3 MUDDY 4 SNOWY 5 ICY 6 SLUSHY 7 FOREIGN MATERIAL 8 ICY ROAD TREATMENT		R. MOST APPARENT HUMAN CONTRIBUTING FACTOR (OFFICER OPINION ONLY) 1 NO APPARENT CONTRIBUTING FACTOR 2 ASLEEP AT THE WHEEL 3 ILLNESS 4 DISTRACTED BY PASSENGER 5 DRIVER INEXPERIENCE 6 DRIVER FATIGUE 7 DRIVER PREOCCUPIED 8 DRIVER UNFAMILIAR WITH AREA 9 DRIVER EMOTIONALLY UPSET 10 EVADING LAW ENFORCEMENT OFFICER 11 PHYSICAL DISABILITY		DRV #1 R DRV #2 R
H. BY LIGHTING CONDITION AT ACCIDENT LOCATION 1 DAYLIGHT 2 DAWN OR DUSK 3 DARK, LIGHTED 4 DARK, UNLIGHTED		S. BY PEDESTRIAN ACTION 1 CROSS AGAINST SIGNAL 2 CROSS/ENTER AT INTERSECTION 3 CROSS/ENTER NOT AT INTERSECTION 4 STANDING IN RDWY 5 PLAYING IN RDWY 6 SOLICITING RIDES 7 WALK IN RDWY WITH TRAFFIC 8 WALK IN RDWY AGAINST TRAFFIC 9 ENTER/EXIT VEHICLE 10 PUSH/WORK ON VEHICLE 11 LYING IN RDWY 12 OTHER (SPECIFY IN NARRATIVE)		PED #1 S PED #2 S
J. BY ADVERSE WEATHER CONDITION 1 NONE 2 RAIN 3 SNOW/SLEET/HAUL 4 FOG 5 DUST 6 WIND		T. BY CONDITION OF DRIVER/PEDESTRIAN (OFFICER OPINION ONLY) 1 NO IMPAIRMENT SUSPECTED 2 ALCOHOL INVOLVED 3 RX DRUGS OR MEDICATION INVOLVED 4 ILLEGAL DRUGS INVOLVED 5 ALCOHOL AND DRUGS INVOLVED 6 DRIVER/PEDESTRIAN NOT OBSERVED		DRV/P #1 T DRV/P #2 T
(1) WHICH VEHICLE OCCUPIED Vehicle # Pedestrian # B-Bicycle O-Other		U. BY CRASH HELMET (IF APPLICABLE) 1 DRIVER-YES/NO PSGR 2 DRIVER-YES/PSGR-YES 3 DRIVER-YES/PSGR-NO 4 DRIVER-NO/NO PSGR 5 DRIVER-NO/PSGR-YES 6 DRIVER-NO/PSGR-NO		VEH #1 U VEH #2 U
(2) POSITION IN/ON VEHICLE 1-Driver 2/7-Passengers 6-Riding/Hanging On Outside		V. BY EYE PROTECTION (IF APPLICABLE) 1 DRIVER-YES/NO PSGR 2 DRIVER-YES/PSGR-YES 3 DRIVER-YES/PSGR-NO 4 DRIVER-NO/NO PSGR 5 DRIVER-NO/PSGR-YES 6 DRIVER-NO/PSGR-NO		VEH #1 V VEH #2 V
(3) RESTRAINT USED 1-Yes 2-No 3-Child Restraint		(9) AGE (10) SEX		
(4) OCCUPANT EJECTED 1-Yes 2-No 3-Extricated		(11) NAME AND ADDRESS		
(5) INJURY SEVERITY 1-No Injury 2-Possible Injury 3-Evident, Non-Incapacitating 4-Evident, Incapacitating 5-Fatal				
(6) PHYSICAL INJURY 1-Head 2-Chest 3-Abdomen 4-Skeletal				
(7) WITNESSED VICTIM STATUS 1-Conscious 2-Unconscious				
(8) AMBULANCE TRIP REPORT				

Colorado

SHEET ____ OF ____ SHEETS

32

CONNECTICUT UNIFORM POLICE ACCIDENT REPORT FORM PR-1 REV.12/94

GPS READINGS: Latitude:

Time: Longitude:



FOR DOT USE ONLY

DATE OF ACCIDENT Month Day Year		MILITARY TIME		ACCIDENT SEVERITY <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> PDO		# VEHICLES INVOLVED		PAGE # of		POLICE CASE NUMBER	
TOWN OR CITY NAME				TOWN CODE		ACCIDENT OCCURRED ON (Street Name or Route #) AT ITS INTERSECTION WITH (Street Name or Route #) at					
IF NOT AT INTERSECTION				2. DIRECTION		3. NAME OF NEAREST INTERSECTING STREET, TOWN LINE OR MILE MARKER					
1. MEASURE DISTANCE (✓ Check Appropriate Boxes)				<input type="checkbox"/> Feet <input type="checkbox"/> Tenths of Mile <input type="checkbox"/> Meters <input type="checkbox"/> Kilometers		<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West		of Accident Occurred: <input type="checkbox"/> On Private Property <input type="checkbox"/> Parking Lot			

TRAFFIC UNIT #1 <input type="checkbox"/> Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Contact Vehicle	
OPERATOR #1 or PEDESTRIAN NAME (Last, First, Middle Initial)	
ADDRESS (Street Number & Name)	PROPER LICENSE CLASS <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY OR TOWN	STATE ZIP CODE SEX <input type="checkbox"/> M <input type="checkbox"/> F
OPERATOR LICENSE #	STATE DATE OF BIRTH Month Day Year
OWNER'S NAME (Enter SAME If Owner is Operator)	
ADDRESS (Street Number and Name)	
CITY OR TOWN	STATE ZIP CODE BODY TYPE
REGISTRATION #	STATE VEHICLE YEAR AND MAKE
VEHICLE IDENTIFICATION NUMBER	
CARRIER NAME	
CARRIER ADDRESS (#, Street, City or Town, State, Zip Code)	
SOURCE OF CARRIER NAME <input type="checkbox"/> Shipping Papers/Trip Manifest <input type="checkbox"/> Driver <input type="checkbox"/> Side of Vehicle	<input type="checkbox"/> USDOT # <input type="checkbox"/> ICCMC #
GROSS VEHICLE WEIGHT RATING #	HAZARDOUS MATERIAL PLACARD REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No 4 Digit # DISPLAYED? <input type="checkbox"/> Yes <input type="checkbox"/> No 1 Digit #
HAZARDOUS CARGO RELEASED? <input type="checkbox"/> Yes <input type="checkbox"/> No	ENFORCEMENT ACTION TAKEN <input type="checkbox"/> None <input type="checkbox"/> Arrest <input type="checkbox"/> Written Warning <input type="checkbox"/> Verbal Warning
STATUTE OR ORDINANCE #'S	SUBJECT OF ACTION <input type="checkbox"/> Operator <input type="checkbox"/> Carrier <input type="checkbox"/> Owner <input type="checkbox"/> Pedestrian
AUTOMOBILE INSURANCE — NAME — POLICY #	
PARTS OF VEHICLE DAMAGED	
VEHICLE TOWED TO: <input type="checkbox"/> TOWED DUE TO DAMAGE	

TRAFFIC UNIT #2 <input type="checkbox"/> Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Contact Vehicle	
OPERATOR #2 or PEDESTRIAN NAME (Last, First, Middle Initial)	
ADDRESS (Street Number & Name)	PROPER LICENSE CLASS <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY OR TOWN	STATE ZIP CODE SEX <input type="checkbox"/> M <input type="checkbox"/> F
OPERATOR LICENSE #	STATE DATE OF BIRTH Month Day Year
OWNER'S NAME (Enter SAME If Owner is Operator)	
ADDRESS (Street Number and Name)	
CITY OR TOWN	STATE ZIP CODE BODY TYPE
REGISTRATION #	STATE VEHICLE YEAR AND MAKE
VEHICLE IDENTIFICATION NUMBER	
CARRIER NAME	
CARRIER ADDRESS (#, Street, City or Town, State, Zip Code)	
SOURCE OF CARRIER NAME <input type="checkbox"/> Shipping Papers/Trip Manifest <input type="checkbox"/> Driver <input type="checkbox"/> Side of Vehicle	<input type="checkbox"/> USDOT # <input type="checkbox"/> ICCMC #
GROSS VEHICLE WEIGHT RATING #	HAZARDOUS MATERIAL PLACARD REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No 4 Digit # DISPLAYED? <input type="checkbox"/> Yes <input type="checkbox"/> No 1 Digit #
HAZARDOUS CARGO RELEASED? <input type="checkbox"/> Yes <input type="checkbox"/> No	ENFORCEMENT ACTION TAKEN <input type="checkbox"/> None <input type="checkbox"/> Arrest <input type="checkbox"/> Written Warning <input type="checkbox"/> Verbal Warning
STATUTE OR ORDINANCE #'S	SUBJECT OF ACTION <input type="checkbox"/> Operator <input type="checkbox"/> Carrier <input type="checkbox"/> Owner <input type="checkbox"/> Pedestrian
AUTOMOBILE INSURANCE — NAME — POLICY #	
PARTS OF VEHICLE DAMAGED	
VEHICLE TOWED TO: <input type="checkbox"/> TOWED DUE TO DAMAGE	

L. M. N.			NAME AND ADDRESS OF EACH INVOLVED PERSON	Date of Birth	O.	P.	Q.
1			TRAFFIC UNIT #1 OPERATOR OR PEDESTRIAN #1				1
2			TRAFFIC UNIT #2 OPERATOR OR PEDESTRIAN #2				2
3				Month Day Year			3
4				Month Day Year			4
5				Month Day Year			5
6				Month Day Year			6
7				Month Day Year			7
8				Month Day Year			8

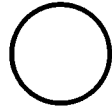
FORM PR-1

Page # _____ of _____

Police Case Number

ACCIDENT DIAGRAM

INDICATE NORTH



TRAFFIC UNIT # TRAVELING

☐ N ☐ S ☐ E ☐ W ON _____

TRAFFIC UNIT # TRAVELING

☐ N ☐ S ☐ E ☐ W ON _____

**DAMAGE TO PROPERTY
OTHER THAN
INVOLVED VEHICLES**

1. DESCRIBE THE NATURE AND EXTENT OF PROPERTY DAMAGE

NAME AND ADDRESS OF PROPERTY OWNER

2. DESCRIBE THE NATURE AND EXTENT OF PROPERTY DAMAGE

NAME AND ADDRESS OF PROPERTY OWNER

RANK AND SIGNATURE OF INVESTIGATING OFFICER

OFFICER ID#

POLICE AGENCY IDENTIFICATION

REPORT DATE

CASE STATUS

OPEN ☐

CLOSED ☐

SUPERVISOR



**CONNECTICUT UNIFORM FATAL
ACCIDENT SUPPLEMENT**
PR-2 Rev. 11/95

This supplementary report is designed to provide information not requested in the Uniform Police Accident Report (PR-1). This information is necessary to assist in the Fatal Accident Reporting System (FARS) administered by the National Highway Traffic Safety Administration and the U.S. Department of Transportation, in which all 50 states, the District of Columbia and Puerto Rico participate. Your cooperation is sincerely appreciated.

DATE	TIME	TOWN	POLICE CASE NO.
------	------	------	-----------------

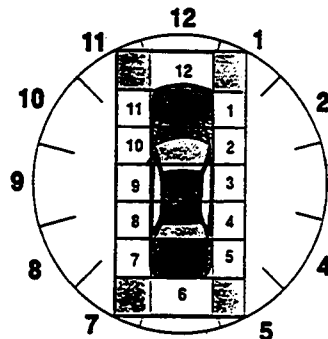
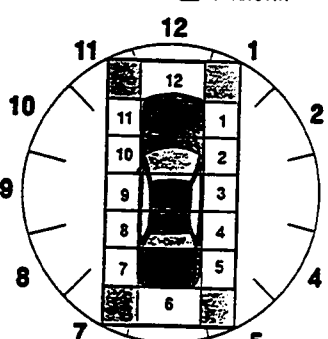
Check off or fill in appropriate information

ACCIDENT LEVEL

EMERGENCY MEDICAL SERVICES TIME NOTIFIED (military) _____ TIME ARRIVED AT SCENE (military) _____ TIME ARRIVED AT HOSPITAL (military) _____	ROADWAY ALIGNMENT <input type="checkbox"/> STRAIGHT <input type="checkbox"/> CURVE ROADWAY PROFILE <input type="checkbox"/> LEVEL <input type="checkbox"/> HILLCREST <input type="checkbox"/> GRADE <input type="checkbox"/> SAG	TRAFFIC CONTROL DEVICE FUNCTIONING <input type="checkbox"/> NO CONTROLS <input type="checkbox"/> NOT FUNCTIONING <input type="checkbox"/> FUNCTIONING IMPROPERLY <input type="checkbox"/> FUNCTIONING PROPERLY
TRAFFICWAY FLOW <input type="checkbox"/> NOT DIVIDED (TWO WAY) <input type="checkbox"/> DIVIDED, MEDIAN WO/BARRIER <input type="checkbox"/> DIVIDED, MEDIAN W/BARRIER <input type="checkbox"/> ONE WAY	ROADWAY SURFACE TYPE <input type="checkbox"/> CONCRETE <input type="checkbox"/> DIRT <input type="checkbox"/> BLACKTOP (bituminous) <input type="checkbox"/> OTHER (state type) <input type="checkbox"/> BRICK OR BLOCK <input type="checkbox"/> SLAG, GRAVEL OR STONE	LIST TYPE(S) OF TRAFFIC CONTROL DEVICE(S)
NUMBER OF TRAVEL LANES _____	SPEED LIMIT _____ MPH KMPH (circle one)	

Check off or fill in appropriate information

VEHICLE LEVEL

TRAFFIC UNIT #1 VEHICLE MODEL _____		TRAFFIC UNIT #2 VEHICLE MODEL _____	
TRAVEL SPEED _____ MPH KMPH (circle one)	FIRE OCCURRENCE <input type="checkbox"/> YES <input type="checkbox"/> NO	TRAVEL SPEED _____ MPH KMPH (circle one)	FIRE OCCURRENCE <input type="checkbox"/> YES <input type="checkbox"/> NO
CRASH AVOIDANCE MANEUVER <input type="checkbox"/> NO AVOIDANCE MANEUVER <input type="checkbox"/> BRAKING (skidmarks evident) <input type="checkbox"/> BRAKING (no skidmarks, driver stated) <input type="checkbox"/> BRAKING (other reported evidence) <input type="checkbox"/> STEERING (evidence or stated) <input type="checkbox"/> STEERING AND BRAKING (evidence or stated) <input type="checkbox"/> OTHER AVOIDANCE MANEUVER		CRASH AVOIDANCE MANEUVER <input type="checkbox"/> NO AVOIDANCE MANEUVER <input type="checkbox"/> BRAKING (skidmarks evident) <input type="checkbox"/> BRAKING (no skidmarks, driver stated) <input type="checkbox"/> BRAKING (other reported evidence) <input type="checkbox"/> STEERING (evidence or stated) <input type="checkbox"/> STEERING AND BRAKING (evidence or stated) <input type="checkbox"/> OTHER AVOIDANCE MANEUVER	
PRINCIPAL IMPACT POINT Circle the appropriate clockpoint or check off one of the following. (Principal impact point is that which produced the most property damage or personal injury.) <input type="checkbox"/> NON-COLLISION <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> TOP <input type="checkbox"/> UNKNOWN		PRINCIPAL IMPACT POINT Circle the appropriate clockpoint or check off one of the following. (Principal impact point is that which produced the most property damage or personal injury.) <input type="checkbox"/> NON-COLLISION <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> TOP <input type="checkbox"/> UNKNOWN	
 CLOCKPOINT DIAGRAM		 CLOCKPOINT DIAGRAM	

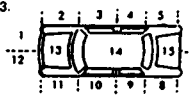
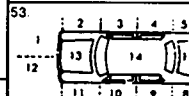
Connecticut

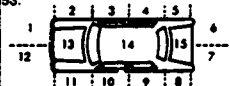
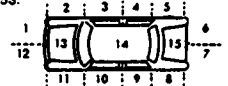
Check off or fill in appropriate information

PERSON LEVEL

(TRAFFIC UNIT #1) NAME OF PERSON _____ PERSON TYPE <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN	(TRAFFIC UNIT #2) NAME OF PERSON _____ PERSON TYPE <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN
LICENSE ENDORSEMENTS REQUIRED FOR THIS VEHICLE (drivers only) <input type="checkbox"/> YES <input type="checkbox"/> NO/ IF YES, COMPLIED WITH <input type="checkbox"/> YES <input type="checkbox"/> NO	LICENSE ENDORSEMENTS REQUIRED FOR THIS VEHICLE (drivers only) <input type="checkbox"/> YES <input type="checkbox"/> NO/ IF YES, COMPLIED WITH <input type="checkbox"/> YES <input type="checkbox"/> NO
COMPLIANCE WITH LICENSE RESTRICTIONS (drivers only) <input type="checkbox"/> NOT RESTRICTED <input type="checkbox"/> RESTRICTIONS NOT COMPLIED WITH <input type="checkbox"/> RESTRICTIONS COMPLIED WITH <input type="checkbox"/> RESTRICTIONS COMPLIANCE UNKNOWN	COMPLIANCE WITH LICENSE RESTRICTIONS (drivers only) <input type="checkbox"/> NOT RESTRICTED <input type="checkbox"/> RESTRICTIONS NOT COMPLIED WITH <input type="checkbox"/> RESTRICTIONS COMPLIED WITH <input type="checkbox"/> RESTRICTIONS COMPLIANCE UNKNOWN
EJECTION PATH (if person was ejected)	EJECTION PATH (if person was ejected)
EXTRICATION <input type="checkbox"/> NOT EXTRICATED <input type="checkbox"/> EXTRICATED	EXTRICATION <input type="checkbox"/> NOT EXTRICATED <input type="checkbox"/> EXTRICATED
TAKEN TO HOSPITAL OR TREATMENT FACILITY <input type="checkbox"/> YES <input type="checkbox"/> NO	TAKEN TO HOSPITAL OR TREATMENT FACILITY <input type="checkbox"/> YES <input type="checkbox"/> NO
ALCOHOL INVOLVED <input type="checkbox"/> YES <input type="checkbox"/> NO	ALCOHOL INVOLVED <input type="checkbox"/> YES <input type="checkbox"/> NO
METHOD OF ALCOHOL DETERMINATION <input type="checkbox"/> BLOOD, BREATH, URINE <input type="checkbox"/> PASSIVE ALCOHOL SENSOR <input type="checkbox"/> PRELIMINARY BREATH TEST <input type="checkbox"/> OTHER (state type) <input type="checkbox"/> BEHAVIORAL <input type="checkbox"/> OBSERVED	METHOD OF ALCOHOL DETERMINATION <input type="checkbox"/> BLOOD, BREATH, URINE <input type="checkbox"/> PASSIVE ALCOHOL SENSOR <input type="checkbox"/> PRELIMINARY BREATH TEST <input type="checkbox"/> OTHER (state type) <input type="checkbox"/> BEHAVIORAL <input type="checkbox"/> OBSERVED
ALCOHOL TEST RESULT (BAC if known)	ALCOHOL TEST RESULT (BAC if known)
OTHER DRUG INVOLVEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER DRUG INVOLVEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO
METHOD OF OTHER DRUG DETERMINATION <input type="checkbox"/> BLOOD, URINE <input type="checkbox"/> OTHER (state type) <input type="checkbox"/> BEHAVIORAL <input type="checkbox"/> DRUG RECOGNITION TECHNICIAN	METHOD OF OTHER DRUG DETERMINATION <input type="checkbox"/> BLOOD, URINE <input type="checkbox"/> OTHER (state type) <input type="checkbox"/> BEHAVIORAL <input type="checkbox"/> DRUG RECOGNITION TECHNICIAN
DRUG TEST TYPE & DRUG TEST RESULTS (state type & results)	DRUG TEST TYPE & DRUG TEST RESULTS (state type & results)

ADDITIONAL COMMENTS

STATE OF DELAWARE UNIFORM TRAFFIC COLLISION REPORT										TROOP/DEPARTMENT		1. COMPLAINT NO. 2. DSR HQ NO. (LEAVE BLANK)																	
<input type="checkbox"/> REPORTABLE PROPERTY DAMAGE		<input type="checkbox"/> NON-REPORTABLE LATE REPORT																											
<input type="checkbox"/> PERSONAL INJURY		<input type="checkbox"/> HAZ/MAT.																											
<input type="checkbox"/> FATALITY		<input type="checkbox"/> COMM. VEH.																											
3. MON. - DATE - YEAR		4. DAY		5. TIME OCCURRED		6. NOTIFIED		7. ARRIVED		8. GRID NO.		9. SECTOR																	
/ /										/		12. LIGHT CONDITION <input type="checkbox"/>																	
10. NUMBER & NAME OF STREET OR HIGHWAY - CTY. RTE. NO. • INTERSECTING WITH STREET OR ROAD - CTY. RTE. NO.										13. WEATHER CONDITION <input type="checkbox"/>																			
ON:										14. SURFACE CONDITION <input type="checkbox"/>																			
11. NON. FEET <input type="checkbox"/> E INTERSECTING WITH STREET OR ROAD - CTY. RTE. NO.										15. TRAFFIC CONTROL <input type="checkbox"/>		16. FUNCT. PROPER <input type="checkbox"/>																	
INTSECT. _____ MILES <input type="checkbox"/> W OF:																													
16. PRIM. CONTRIB. CIRCUM. <input type="checkbox"/>		8. SPEED TOO FAST		11. DISREGARD TRAFFIC SIGNAL		14. FOLLOWING TOO CLOSE		17. MECH. DEFECT																					
		9. FAIL TO YIELD ROW		12. DROVE LEFT OF CENTER		15. MADE IMPROPER TURN		16. DRIVING UNDER INFLUENCE																					
		10. PASSED STOP SIGN		13. IMPROPER PASSING																									
17. COLLISION INVOLVED <input type="checkbox"/>		18. ON RDWY. <input type="checkbox"/>		19. EMERG. RESPON. <input type="checkbox"/>		20. _____ MILES <input type="checkbox"/> E IN: CITY OR TOWN		21. CTY.		22. CODE		23. MILE POINT																	
						_____ OF:																							
24. NAME LAST FIRST M.I.					24. NAME LAST FIRST M.I.																								
NO. 1					NO. 2																								
25. STREET ADDRESS					25. STREET ADDRESS																								
26. CITY			27. STATE		28. ZIP		29. PHONE			26. CITY			27. STATE		28. ZIP		29. PHONE												
30. DRIVERS LICENSE NO.			31. STATE		32. DOB		33. AGE		34. SEX		30. DRIVERS LICENSE NO.			31. STATE		32. DOB		33. AGE		34. SEX									
									M F											M F									
35. SOBRIETY <input type="checkbox"/>		36. TESTED <input type="checkbox"/>		37. TYPE <input type="checkbox"/>		RESULT 0. _____ %		TEST NUMBER		35. SOBRIETY <input type="checkbox"/>		36. TESTED <input type="checkbox"/>		37. TYPE <input type="checkbox"/>		RESULT 0. _____ %		TEST NUMBER											
38. VEHICLE YR.		39. VEHICLE MAKE		40. MODEL		41. BODY STYLE <input type="checkbox"/>				38. VEHICLE YR.		39. VEHICLE MAKE		40. MODEL		41. BODY STYLE <input type="checkbox"/>													
42. REGISTRATION NO.		43. STATE		44. COLOR		45. DAMAGE \$		46. TRAILERS 0 1 2 3		42. REGISTRATION NO.		43. STATE		44. COLOR		45. DAMAGE \$		46. TRAILERS 0 1 2 3											
47. VEHICLE/TRACTOR OWNER: LAST FIRST M.I.					47. VEHICLE/TRACTOR OWNER: LAST FIRST M.I.																								
48. STREET CITY STATE					48. STREET CITY STATE																								
49. INSURANCE COMPANY NUMBER					49. INSURANCE COMPANY NUMBER																								
50. CHARGE/SECTION NUMBER					51. ARREST NO.																								
52. NO. 1 TOWED BY:					52. NO. 2 TOWED BY:																								
TO:					TO:																								
53. 					53. 																								
1. REAR					2. PASSING					3. ANGLE					4. RIGHT TURN					5. RIGHT TURN					11. OTHER				
6. HEAD ON					7. SIDESWIPE					8. INDICATE OBJECT					9. LEFT TURN					10. LEFT TURN									
CODE					WITNESS INFORMATION: (NAME, ADDRESS, PHONE NO., LOCATION)					GENERAL					17. COLLISION INVOLVED														
55.										1 YES 2 NO 3 UNKNOWN 4 N/A 5 PENDING 6 NONE 7 OTHER					37 MV IN TRANSPORT 38 NON-COL OVERTURN 39 MV ON OTHER RDWY 40 PEDESTRIAN 41 PARKED VEHICLE 42 RAILROAD TRAIN 43 PEDALCYCLIST 44 ANIMAL 45 FIXED OBJECT* 46 OTHER OBJECT* 47 OTHER NON-COLLIS														
										12. LIGHT COND. 18 DAYLIGHT 19 DAWN/DUSK 20 DARK/LIT 21 DARK/UNLIT					35. SOBRIETY 48 NOT DRINKING 49 HBD NOT IMPAIRED 50 HBD IMPAIRMENT UNK 51 UNDER THE INFLUENCE														
										13. WEATHER 22 CLEAR 23 RAIN 24 SNOW/SLEET 25 FOG 26 CLOUDY					52 PBT 53 BREATH } 37 TYPE 54 BLOOD 55 URINE														
										14. SURFACE 27 DRY 28 WET 29 SNOWY 30 ICY					41. BODY STYLE 56 PASSENGER CAR 57 PICK-UP TRUCK 58 VAN/PANEL TRUCK 59 FARM VEHICLE 60 MOTORCYCLE 61 BUS 62 SCHOOL BUS 63 WHEEL TRUCK 64 10 WHEEL TRUCK 65 TRACT & SEMI TR (S)														
										15. CONTROLS 31 STOP SIGN 32 STOP & GO LIGHT 33 YIELD SIGN 34 WARNING SIGN 35 LANE MARKINGS 36 FLASHING SIGNAL																			
56. INVESTIGATING OFFICER					RANK					I.D. NUMBER					57. SUPERVISOR'S APPROVAL DATE					58. REVIEWER					59.				
FORM 438 REV. 1/88																									PAGE 1 OF				

24. NAME LAST FIRST M.I. NO. 3												24. NAME LAST FIRST M.I. NO. 4																															
25. STREET ADDRESS																																											
26. CITY						27. STATE		28. ZIP				29. PHONE						26. CITY						27. STATE		28. ZIP				29. PHONE													
30. DRIVERS LICENSE NO.												31. STATE		32. DOB				33. AGE		34. SEX M F		30. DRIVERS LICENSE NO.												31. STATE		32. DOB				33. AGE		34. SEX M F	
35. SOBRIETY <input type="checkbox"/> 36. TESTED <input type="checkbox"/> 37. TYPE <input type="checkbox"/> TEST NUMBER												35. SOBRIETY <input type="checkbox"/> 36. TESTED <input type="checkbox"/> 37. TYPE <input type="checkbox"/> TEST NUMBER																															
38. VEHICLE YR.												38. VEHICLE YR.																															
39. VEHICLE MAKE												39. VEHICLE MAKE																															
40. MODEL												40. MODEL																															
41. BODY STYLE <input type="checkbox"/>												41. BODY STYLE <input type="checkbox"/>																															
42. REGISTRATION NO.						43. STATE		44. COLOR				45. DAMAGE \$		42. REGISTRATION NO.						43. STATE		44. COLOR				45. DAMAGE \$																	
46. TRAILERS 0 1 2 3												46. TRAILERS 0 1 2 3																															
47. VEHICLE/TRACTOR OWNER: LAST FIRST M.I.												47. VEHICLE/TRACTOR OWNER: LAST FIRST M.I.																															
48. STREET CITY STATE												48. STREET CITY STATE																															
49. INSURANCE COMPANY NUMBER												49. INSURANCE COMPANY NUMBER																															
50. CHARGE/SECTION NUMBER												50. CHARGE/SECTION NUMBER																															
51. ARREST NO.												51. ARREST NO.																															
52. NO. 3 TOWED BY:												52. NO. 4 TOWED BY:																															
TO:												TO:																															
53. 												53. 																															

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DIAGRAM OF COLLISION

PAGE ____ OF ____

<input type="checkbox"/> 60. CONTINUATION <input type="checkbox"/> 80. SUPPLEMENT INITIAL REPORT DATE OPERATOR #1 OPERATOR #2	STATE OF DELAWARE UNIFORM TRAFFIC COLLISION REPORT INJURY INFORMATION	1. COMPLAINT NUMBER 2. DSP HQ. NO. (LEAVE BLANK)
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I-1	61. NAME: LAST FIRST M.I.	69. SEX	70. AGE	71. VEH #	72. NO. IN VEH.	73. SEAT NO.	74. STATUS	75. FIRST AID	76. INJURY CLASS	77. EJECT	78-1. RE-STRNT.	78-2. RESTR. PROPR.	78-3. PASS. RESTR.										
62. ADDRESS		M F																					
63. PHONE		64. INJURIES																					
65. EXAMINED BY DR.		66. REMOVED BY		67. REMOVED TO																			
68. T & R																							
I-2	61. NAME: LAST FIRST M.I.	69. SEX	70. AGE	71. VEH #	72. NO. IN VEH.	73. SEAT NO.	74. STATUS	75. FIRST AID	76. INJURY CLASS	77. EJECT	78-1. RE-STRNT.	78-2. RESTR. PROPR.	78-3. PASS. RESTR.										
62. ADDRESS		M F																					
63. PHONE		64. INJURIES																					
65. EXAMINED BY DR.		66. REMOVED BY		67. REMOVED TO																			
68. T & R																							
I-3	61. NAME: LAST FIRST M.I.	69. SEX	70. AGE	71. VEH #	72. NO. IN VEH.	73. SEAT NO.	74. STATUS	75. FIRST AID	76. INJURY CLASS	77. EJECT	78-1. RE-STRNT.	78-2. RESTR. PROPR.	78-3. PASS. RESTR.										
62. ADDRESS		M F																					
63. PHONE		64. INJURIES																					
65. EXAMINED BY DR.		66. REMOVED BY		67. REMOVED TO																			
68. T & R																							
I-4	61. NAME: LAST FIRST M.I.	69. SEX	70. AGE	71. VEH #	72. NO. IN VEH.	73. SEAT NO.	74. STATUS	75. FIRST AID	76. INJURY CLASS	77. EJECT	78-1. RE-STRNT.	78-2. RESTR. PROPR.	78-3. PASS. RESTR.										
62. ADDRESS		M F																					
63. PHONE		64. INJURIES																					
65. EXAMINED BY DR.		66. REMOVED BY		67. REMOVED TO																			
68. T & R																							
I-5	61. NAME: LAST FIRST M.I.	69. SEX	70. AGE	71. VEH #	72. NO. IN VEH.	73. SEAT NO.	74. STATUS	75. FIRST AID	76. INJURY CLASS	77. EJECT	78-1. RE-STRNT.	78-2. RESTR. PROPR.	78-3. PASS. RESTR.										
62. ADDRESS		M F																					
63. PHONE		64. INJURIES																					
65. EXAMINED BY DR.		66. REMOVED BY		67. REMOVED TO																			
68. T & R																							
73. SEAT NO. <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>C</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>A</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>R</td><td>7</td><td>8</td><td>9</td></tr> </table> <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> 10-EXT. OF VEHICLE SW </div> <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> M/C <table border="1" style="display: inline-table;"> <tr><td>1</td></tr> <tr><td>2</td></tr> </table> </div>		C	1	2	3	A	4	5	6	R	7	8	9	1	2	GENERAL 1. YES 2. NO 3. UNKNOWN 4. N/A 5. PENDING 6. NONE 7. OTHER 74. STATUS		76. INJURY CLASS 74. POSSIBLE INJURY 75. NON - INCAPACITATING 76. INCAPACITATING INJURY 77. FATAL INJURY 77. EJECTION 78. PARTIALLY EJECTED 79. TOTAL EJECTION 80. NO EJECTION 78. RESTRAINT LAP BELT ONLY 82. FASTENED 83. NOT FASTENED LAP & SHOULDER 84. LAP ONLY USED 85. NEITHER USED 86. SHOULDER ONLY 87. BOTH USED		78. RESTRAINT (CONT.) CHILD RESTRAINTS 88. CHILD RESTR. USED 89. OTHER RESTR. USED 90. NONE USED MC HELMET 91. NONE USED 92. USED PASSIVE RESTRAINTS 93. AIR BAG DEPLOYED 94. AIR BAG INOPERABLE 95. AUTO RESTR. USED 96. AUTO RESTR. INOPER. 66. REMOVED 97. AMBULANCE 98. PARAMEDIC 99. HELICOPTER 100. PRIV. OWNED VEH.		81. IF PEDESTRIAN INVOLVED PLACE CODE IN BLOCK PED. # 1 PED. # 2 101. CROSSING AT INTERS. 102. CROSSING NOT AT INTERS. 103. WALKING WITH TRAFFIC 104. WALKING AGAINST TRAFFIC 105. STANDING 106. PUSH OR WORK ON VEH. 107. OTHER WORKING 108. PLAYING 109. OTHER (DESCRIBE) 110. NOT IN RDW. ANY ACTION	
C	1	2	3																				
A	4	5	6																				
R	7	8	9																				
1																							
2																							
79. POSTED SPEED LIMIT		66. DRIVER 67. PASSENGER 68. PEDESTRIAN 69. PEDALCYCLIST		75. FIRST AID		70. POLICE 71. FIREMAN 72. AMBULANCE 73. REFUSED																	
VEHICLE #1		VEHICLE #2		VEHICLE #3		VEHICLE #4																	
56-INVESTIGATING OFFICER		RANK		I.D. NUMBER		57. SUPERVISOR'S APPROVAL DATE		58. REVIEWER		59. PAGE _____ OF _____													

FORM 439 REV. 10/87

Delaware

<input type="checkbox"/> 60. CONTINUATION	STATE OF DELAWARE UNIFORM TRAFFIC COLLISION REPORT CONTINUATION/SUPPLEMENT	_____	1. _____ COMPLAINT NUMBER 2. _____ DSP HQ. NO. (LEAVE BLANK)
<input type="checkbox"/> 80. SUPPLEMENT		_____	
INITIAL REPORT DATE		TROOP/DEPARTMENT	
OPERATOR #1			
OPERATOR #2			

[illegible]

FORM 439 A REV. 10/87

Original size document – 8-1/2 X 11

TRAFFIC ACCIDENT REPORT

1. DATE OF ACCIDENT	2. TIME (USE MILITARY)	3. DAY OF WEEK	4. DATE OF THIS REPORT	5. TYPE OF ACCIDENT (CHECK ALL THAT APPLY, EXCEPT FOR PROPERTY DAMAGE)	6. COMPLAINT NUMBER
				<input type="checkbox"/> FATALITY <input type="checkbox"/> INJURY <input type="checkbox"/> PROPERTY DAMAGE ONLY <input type="checkbox"/> NON-COLLISION <input type="checkbox"/> OTHER	<input type="checkbox"/> D.C. PROPERTY <input type="checkbox"/> NON-COLLISION <input type="checkbox"/> OTHER
7. ACCIDENT OCCURRED ON (STREET, DIRECTION, DISTANCE FROM MILE POST, RAMP)				8. DISTRICT	
9. DATE OF THIS REPORT				10. NO. OF OCCUPANTS (INCLUDING DRIVER)	
11. NAME OF STRIKING OBJECT				12. NO. OF INJURED PERSONS	
13. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE)				14. IS THIS A	
15. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE				15. ON STREET	
16. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)				16. OFF STREET	
17. HOME PHONE				17. PERMIT NUMBER AND STATE	
18. MODEL				18. YEAR	
19. BODY IN. COLOR				19. TAG NO., STATE/YEAR	
20. NAME OF OWNER (VEH./PROP.), (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER"				20. PHONE NO.	
21. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)				21. OWNER NOTIFIED	
22. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE)				22. SEX	
23. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE				23. BIRTHDATE	
24. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)				24. PHONE NO.	
25. HOME PHONE				25. BUS. PHONE	
26. MODEL				26. YEAR	
27. BODY IN. COLOR				27. TAG NO., STATE/YEAR	
28. NAME OF OWNER (VEH./PROP.), (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER"				28. PHONE NO.	
29. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)				29. OWNER NOTIFIED	
30. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE)				30. SEX	
31. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE				31. BIRTHDATE	
32. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)				32. PHONE NO.	
33. HOME PHONE				33. BUS. PHONE	
34. MODEL				34. YEAR	
35. BODY IN. COLOR				35. TAG NO., STATE/YEAR	
36. NAME OF OWNER (VEH./PROP.), (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER"				36. PHONE NO.	
37. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)				37. OWNER NOTIFIED	
38. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE)				38. SEX	
39. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE				39. BIRTHDATE	
40. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)				40. PHONE NO.	
41. HOME PHONE				41. BUS. PHONE	
42. MODEL				42. YEAR	
43. BODY IN. COLOR				43. TAG NO., STATE/YEAR	
44. NAME OF OWNER (VEH./PROP.), (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER"				44. PHONE NO.	
45. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)				45. OWNER NOTIFIED	
46. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE)				46. SEX	
47. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE				47. BIRTHDATE	
48. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)				48. PHONE NO.	
49. HOME PHONE				49. BUS. PHONE	
50. MODEL				50. YEAR	
51. BODY IN. COLOR				51. TAG NO., STATE/YEAR	
52. NAME OF OWNER (VEH./PROP.), (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER"				52. PHONE NO.	
53. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)				53. OWNER NOTIFIED	
54. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE)				54. SEX	
55. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE				55. BIRTHDATE	
56. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)				56. PHONE NO.	
57. HOME PHONE				57. BUS. PHONE	
58. MODEL				58. YEAR	
59. BODY IN. COLOR				59. TAG NO., STATE/YEAR	
60. NAME OF OWNER (VEH./PROP.), (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER"				60. PHONE NO.	
61. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)				61. OWNER NOTIFIED	
62. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE)				62. SEX	
63. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE				63. BIRTHDATE	
64. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)				64. PHONE NO.	
65. HOME PHONE				65. BUS. PHONE	
66. MODEL				66. YEAR	
67. BODY IN. COLOR				67. TAG NO., STATE/YEAR	
68. NAME OF OWNER (VEH./PROP.), (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER"				68. PHONE NO.	
69. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)				69. OWNER NOTIFIED	
70. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE)				70. SEX	
71. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE				71. BIRTHDATE	
72. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)				72. PHONE NO.	
73. HOME PHONE				73. BUS. PHONE	
74. MODEL				74. YEAR	
75. BODY IN. COLOR				75. TAG NO., STATE/YEAR	
76. NAME OF OWNER (VEH./PROP.), (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER"				76. PHONE NO.	
77. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)				77. OWNER NOTIFIED	
78. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE)				78. SEX	
79. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE				79. BIRTHDATE	
80. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)				80. PHONE NO.	
81. HOME PHONE				81. BUS. PHONE	
82. MODEL				82. YEAR	
83. BODY IN. COLOR				83. TAG NO., STATE/YEAR	
84. NAME OF OWNER (VEH./PROP.), (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER"				84. PHONE NO.	
85. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)				85. OWNER NOTIFIED	
86. NAME OF DRIVER/PEDESTRIAN (LAST, FIRST, MIDDLE)				86. SEX	
87. TYPE OF PROP. (FIXED OBJECT) AND DESCRIBE DAMAGE IN NARRATIVE				87. BIRTHDATE	
88. ADDRESS (STREET, ROOM, APT. NO., CITY AND STATE IF OUTSIDE D.C.)				88. PHONE NO.	
89. HOME PHONE				89. BUS. PHONE	
90. MODEL				90. YEAR	
91. BODY IN. COLOR				91. TAG NO., STATE/YEAR	
92. NAME OF OWNER (VEH./PROP.), (LAST, FIRST, MIDDLE), IF DRIVER ENTER "DRIVER"				92. PHONE NO.	
93. ADDRESS					

District of Columbia

[illegible]

Police Action No. [] No. [] Charge (Report must support the charge.) Superior Court - DPW 40-1 Issued? What Traffic Signs Present?

51. TYPE OF COLLISION: 00 UNKNOWN, 01 RIGHT ANGLE, 02 LEFT TURN HIT VEH., 03 RIGHT TURN HIT VEH., 04 REAR END, 05 ROAD CONDITION, 06 STREET LIGHTING, 07 STREET LIGHTS, 08 OFF, 09 OTHER.

52. ROAD SURFACE: 01 CONCRETE, 02 ASPHALT, 03 BRICK, 04 GRAVEL, 05 DIRT, 06 OTHER.

53. ROAD TYPE: 01 STRAIGHT, 02 CURVE, 03 LEVEL, 04 GRADE, 05 CREST, 06 UNDERPASS, 07 RAMP, 08 BRIDGE, 09 OTHER.

54. PEDESTRIAN ACTION: 00 UNKNOWN, 01 WITH SIGNAL IN CROSSWALK, 02 AGAINST SIGNAL IN CROSSWALK, 03 IN CROSSWALK - NO SIGNAL, 04 FROM BETWEEN PARKED CARS, 05 NOT IN CROSSWALK, 06 IN UNMARKED CROSSWALK, 07 OTHER.

55. TRAFFIC CONTROLS: 00 UNKNOWN, 01 FLASHING, 02 YIELD, 03 STOP SIGN, 04 SIGNAL, 05 NONE, 06 OFFICER, 07 TURN RESTRICTED, 08 OTHER.

56. DRIVER/PEDESTRIAN CONDITION: 00 UNKNOWN, 01 FATIGUED, 02 ILL, 03 PHYSICAL DEFECT, 04 APPARENTLY ASLEEP, 05 APPARENTLY NORMAL, 06 OTHER.

57. SOBRIETY: 01 HAD NOT BEEN DRINKING, 02 HAD BEEN DRINKING AND OBVIOUSLY DRUNK, 03 ABILITY IMPAIRED, 04 NOT IMPAIRED, 05 IMPAIRMENT UNKN., 06 OTHER.

58. BLOOD ALCOHOL CONTENT: Dr./Ped. 1 [] Dr./Ped. 3 [] Dr./Ped. 2 [] Dr./Ped. 4 []

59. CONTRIBUTING CIRCUMSTANCES - DARKEN THE PRIMARY FACTOR FOR ALL VEHICLES AND "X" ALL SECONDARY FACTORS: 01 SPEED, 02 DEFECTIVE BRAKES, 03 FOLLOWING TOO CLOSE, 04 AUTO RIGHT-OF-WAY, 05 PED. RIGHT-OF-WAY, 06 IMPROPER TURN, 07 YIELD SIGN, 08 STOP/GO LIGHT, 09 FLASHING LIGHT, 10 DIRECTIONAL LIGHT, 11 STOP SIGN, 12 ALCOHOL INFLUENCE, 13 IMPROPER PASSING, 14 WRONG WAY-ONE WAY ST., 15 WRONG SIDE OF STREET, 16 IMPROPER STARTING, 17 OTHER DEFECTS, 18 PEDESTRIAN VIOLATION, 19 NO VIOLATION, 20 DRIVER INATTENTION, 21 CHANGING LANES W/O CAUT., 22 FAIL TO SET PARKING BRAKE, 23 OPEN DOOR TO TRAFFIC, 24 DRUG INFLUENCE, 25 IMPROPER BACKING, 26 DEFECTIVE LIGHTS, 27 PEDESTRIAN DRUNK, 28 ROAD DEFECTS, 29 DRIVER VISION OBSTRUCTED, 30 RIGHT TURN ON RED, 31 OTHER.

60. WEATHER: 00 UNKNOWN, 01 FOG/MIST, 02 CLEAR, 03 RAIN, 04 SNOW, 05 SLEET, 06 OTHER.

61. PEDESTRIAN CLOTHING: 01 UNKNOWN, 02 WEARING DARK CLOTHING, 03 WEARING LIGHT CLOTHING.

62. VEHICLE TYPE: 01 UNKNOWN, 02 PASSENGER AUTO, 03 TAXI CAB, 04 BUS, 05 MOTORCYCLE, 06 TRUCK/TRACTOR, 07 NO. OF TRAILERS, 08 NO. OF WHEELS, 09 BICYCLE, 10 POLICE PATROL WAGON, 11 POLICE MOTORCYCLE, 12 POLICE SCOOTER, 13 POLICE SCOUT CAR - ONE MAN, 14 POLICE SCOUT CAR - TWO MAN, 15 POLICE CRUISER - MARKED, 16 POLICE CRUISER - UNMARKED, 17 FIRE ENGINE, 18 AMBULANCE, 19 PEDESTRIAN - ON FOOT, 20 FIXED OBJECT, 21 NON-COLLISION, 22 MOVED, 23 OTHER (EXPLAIN IN NARRATIVE, INCLUDES SKATEBOARDS, TRICYCLES, PLAY VEHICLES, ETC.).

63. DRIVER ACTIONS: 01 UNKNOWN, 02 BACKING, 03 TURNING RIGHT, 04 TURNING LEFT, 05 STOPPED/STANDING-TRAFFIC LANE, 06 PARKED, 07 ENTERING/LEAVING PARKED POSITION, 08 MAKING "U" TURN.

64. NARRATIVE: Give a concise statement, in your own words, of the facts that are not covered in this report, or to clarify any items that are not covered in a construction zone, describe type of construction.

District of Columbia

[illegible]

FLORIDA TRAFFIC CRASH REPORT

☐ LONG FORM ☐ SHORT FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE

Time & Location	DATE OF CRASH		TIME OF CRASH		TIME OFFICER NOTIFIED		TIME OFFICER ARRIVED		INVEST. AGENCY REPORT NUMBER		HSMV CRASH REPORT NUMBER 50508547		
	COUNTY / CITY CODE		Feet or Miles		N S E W		CITY OR TOWN		(Check if in City or Town)		COUNTY		
	AT NODE NO. or		FEET / MILES FROM NODE NO.		NEXT NODE NO.		NO. OF LANES		1 DIVIDED 2 UNDIVIDED		ON STREET, ROAD OR HIGHWAY		
Section 1	AT INTERSECTION OF		FEET / MILES		N S E W		OF INTERSECTION OF						
	DRIVER ACTION		YEAR		MAKE		TYPE		USE		VEH. LICENSE NUMBER		
	TRAILER OR TOWED VEHICLE INFORMATION						TRAILER TYPE				VEHICLE IDENTIFICATION NUMBER		
Vehicle	VEHICLE TRAVELING		ON		At		Est. MPH		Posted Speed		EST. VEHICLE DAMAGE		
	INSURANCE COMPANY (LIABILITY OR PIP)						POLICY NUMBER				VEHICLE REMOVED BY:		
	OWNER'S FULL NAME (Check if Driver)						CURRENT ADDRESS (Number and Street)				CITY AND STATE		
Pedestrian	OWNER'S FULL NAME (Trailer or Towed Vehicle)						CURRENT ADDRESS (Number and Street)				CITY AND STATE		
	DRIVER (Exactly as on Driver License) / Pedestrian						CURRENT ADDRESS (Number and Street)				CITY & STATE / ZIP CODE		
	DRIVER LICENSE NUMBER		STATE		DL TYPE		REQ. END.		BAC TEST 3 Urine 1 Blood 4 Refused 2 Breath 5 None		RESULTS		
Section 2	HAZARDOUS MATERIALS BEING TRANSPORTED		1 Yes 2 No		PLACARDED		1 Yes 2 No		RECOMMEND RE-EXAM		1 Yes 2 No		
	PASSENGER'S NAME (Additional on Continuation Page)						CURRENT ADDRESS				CITY & STATE / ZIP		
	AGE		LOC.		INJ.		S. EQUIP.		EJECT.				
Vehicle	DRIVER ACTION		YEAR		MAKE		TYPE		USE		VEH. LICENSE NUMBER		
	TRAILER OR TOWED VEHICLE INFORMATION						TRAILER TYPE				VEHICLE IDENTIFICATION NUMBER		
	VEHICLE TRAVELING		ON		At		Est. MPH		Posted Speed		EST. VEHICLE DAMAGE		
Pedestrian	INSURANCE COMPANY (LIABILITY OR PIP)						POLICY NUMBER				VEHICLE REMOVED BY:		
	OWNER'S FULL NAME (Check if Driver)						CURRENT ADDRESS (Number and Street)				CITY AND STATE		
	OWNER'S FULL NAME (Trailer or Towed Vehicle)						CURRENT ADDRESS (Number and Street)				CITY AND STATE		
Code Information	DRIVER (Exactly as on Driver License) / Pedestrian						CURRENT ADDRESS (Number and Street)				CITY & STATE / ZIP CODE		
	DRIVER LICENSE NUMBER		STATE		DL TYPE		REQ. END.		BAC TEST 3 Urine 1 Blood 4 Refused 2 Breath 5 None		RESULTS		
	HAZARDOUS MATERIALS BEING TRANSPORTED		1 Yes 2 No		PLACARDED		1 Yes 2 No		RECOMMEND RE-EXAM		1 Yes 2 No		
PASSENGER'S NAME (Additional on Continuation Page)						CURRENT ADDRESS				CITY & STATE / ZIP		AGE	
LOC.		INJ.		S. EQUIP.		EJECT.							
VEHICLE TYPE		VEHICLE USE		TRAILER TYPE		RESIDENCE (Driver Only)		PHYSICAL DEFECTS		ALCOHOL / DRUG USE		LOCATION (In Vehicle)	
01 Automobile 02 Passenger Van 03 Pickup/Light Truck (2 rear tires) 04 Medium Truck (4 rear tires) 05 Heavy Truck (2 or more rear axles) 06 Truck Tractor (Cab) 07 Motor Home (RV) 08 Bus 09 Bicycle 10 Motorcycle 11 Moped 12 All Terrain Vehicle 13 Train 77 Other		01 Private Transportation 02 Commercial Passenger 03 Commercial Cargo 04 Public Transportation 05 Public School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire/Rescue 10 Military 11 Other Government 77 Other		01 Single Semi Trailer 02 Tandem Semi Trailer(s) 03 Tank Trailer 04 Saddle Mount / Flatbed 05 Boat Trailer 06 Utility Trailer 07 House Trailer 08 Pole Trailer 09 Towed Vehicle 77 Other		1 County of Crash 2 Elsewhere in State 3 Non-Resident of State 4 Foreign 5 Unknown		1 No Defects Known 2 Eyesight Defect 3 Fatigue / Asleep 4 Hearing Defect 5 Illness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect		1 Not Drinking or Using Drugs 2 Alcohol - Under Influence 3 Drugs - Under Influence 4 Alcohol & Drugs - Under Influence 5 Had Been Drinking 6 Pending BAC Test Result		1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Body of Truck 8 Bus Passenger 9 Other	
						DL TYPE		RACE		INJURY SEVERITY		SAFETY EQUIPMENT IN USE	
						1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper-Rest 7 None		1 White 2 Black 3 Hispanic 4 Other		1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (Within 90 Days) 6 Non-Traffic Fatality		1 Not in Use 2 Seat Belt / Shoulder Harness 3 Child Restraint 4 Air Bag 5 Safety Helmet 6 Eye Protection	
						REQUIRED ENDORSEMENTS		SEX				EJECTED	
						1 Yes 2 No 3 NR		1 Male 2 Female				1 No 2 Yes 3 Partial	

HSMV 90003 (1/95) S

Page 1 of Pages

Original size document - 8-1/2 X 11

Section 3 Vehicle	DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER		POINT OF IMPACT CIRCLE AREA OF DAMAGE		
	TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE						18 Undercarriage 19 Overturn 20 Windshield 21 Fire 22 Trailer		
Pedestrian	VEHICLE TRAVELING N S E W	ON	At	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage		EST. TRAILER DAMAGE \$				
	INSURANCE COMPANY (State of FL)			POLICY NUMBER		VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other						
	OWNER'S FULL NAME (Check if Driver)	CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE				
	OWNER'S FULL NAME (Trailer or Towed Vehicle)	CURRENT ADDRESS (Number and Street)				CITY AND STATE		ZIP CODE				
	DRIVER (Exactly as on Driver License) / Pedestrian	CURRENT ADDRESS (Number and Street)				CITY & STATE / ZIP CODE		DATE OF BIRTH				
	DRIVER LICENSE NUMBER	STATE	SEX	BAC TEST 3 Urine 1 Blood 4 Refused 2 Breath 5 None	RESULTS	AL/DRUG	PHYS. DEF.	RES	RACE	SEX		
	HAZARDOUS MATERIALS BEING TRANSPORTED	1 Yes 2 No	PLACARDED	1 Yes 2 No	RECOMMEND RE-EXAM	1 Yes 2 No	If YES, Explain in Narrative		DRIVER'S PHONE NO.			
	PASSENGER'S NAME (Additional on Continuation Page)	CURRENT ADDRESS				CITY & STATE / ZIP		AGE	LOC.	INJ. S. EQUIP. EJECT.		
	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME		ADDRESS		CITY	STATE	ZIP			
	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME		ADDRESS		CITY	STATE	ZIP			
	CONTRIBUTING CAUSES - DRIVER / PED.		VEHICLE DEFECT		VEHICLE MOVEMENT		VEHICLE SPECIAL FUNCTIONS					
	01 No Improper Driving / Action 02 Careless Driving 03 Failed to Yield Right-of-Way 04 Improper Backing 05 Improper Lane Change 06 Improper Turn 07 Alcohol/Under Influence 08 Drugs/Under Influence 09 Alcohol & Drugs/Under Influence 10 Followed Too Closely 11 Disregarded Traffic Signal 12 Exceeded Safe Speed Limit 13 Disregarded Stop Sign 14 Failed to Maintain Equip. / Vehicle 15 Improper Passing 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Obstructing Traffic		01 No Defects 02 Def. Brakes 03 Worn / Smooth Tires 04 Defective / Improper Lights 05 Puncture / Blowout 06 Steering Mech. 07 Windshield Wipers 08 Equipment / Vehicle Defect 77 All Other (Explain in Narrative)		01 Straight Ahead 02 Slowing / Stopped / Stalled 03 Making Left Turn 04 Backing 05 Making Right Turn 06 Changing Lanes 07 Entering/Leaving Parking Space 08 Properly Parked 09 Improperly Parked 10 Making U-Turn		1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction / Maintenance 11 Passing 12 Driverless or Runaway Veh. 77 All Other (Explain in Narrative)					
	LOCATION ON ROADWAY		PEDESTRIAN ACTION		LOCATION TYPE							
	1 On Road 2 Not On Road 3 Shoulder 4 Median 5 Turn Lane / Safety Zone		01 Crossing Not at Intersection 02 Crossing at Mid-block Crosswalk 03 Crossing at Intersection 04 Walking Along Road With Traffic 05 Walking Along Road Against Traffic 06 Working on Vehicle in Road		07 Other Working in Road 08 Standing/Playing in Road 09 Standing in Pedestrian Island 77 All Other (Explain)		1 Primarily Business 2 Primarily Residential 3 Open Country					
	FIRST / SUBSEQUENT HARMFUL EVENT		ROAD SYSTEM IDENTIFIER		LIGHTING CONDITION							
	01 Collision With MV in Transport (Rear-end) 02 Collision With MV in Transport (Head-on) 03 Collision With MV in Transport (Angle) 04 Collision With MV in Transport (Left Turn) 05 Collision With MV in Transport (Right Turn) 06 Collision With MV in Transport (Sideswipe) 07 Collision With MV in Transport (Backed Into) 08 Collision With Parked Car 09 Collision With MV on Other Roadway 10 Collision With Pedestrian 11 Collision With Bicycle 12 Collision With Bicycle (Bike Lane) 13 Collision With Moped 14 Collision With Train		15 Collision With Animal 16 MV Hit Sign/Sign Post 17 MV Hit Utility Pole/Light Pole 18 MV Hit Guardrail 19 MV Hit Fence 20 MV Hit Concrete Barrier Wall 21 MV Hit Bridge/Pier/Abutment/Rail 22 MV Hit Tree/Shrubbery 23 Collision With Construction Barricade/Sign 24 Collision With Traffic Gate 25 Collision With Crash Attenuators 26 Collision With Fixed Object Above Road 27 MV Hit Other Fixed Object 28 Collision With Moveable Object On Road		29 MV Ran Into Ditch/Culvert 30 Ran Off Road Into Water 31 Overturned 32 Occupant Fell From Vehicle 33 Tractor/Trailer Jackknifed 34 Fire 35 Explosion 77 All Other (Explain)		01 Interstate 02 U.S. 03 State 04 County 05 Local 06 Turnpike / Toll 07 Forest Road 77 All Other		01 Daylight 02 Dusk 03 Dawn 04 Dark (Street Light) 05 Dark (No Street Light) 06 Unknown			
	ROAD SURFACE / CONDITION		WEATHER		ROAD SURFACE TYPE							
	01 Dry 02 Wet 03 Slippery 04 Icy 77 All Other (Explain)		01 Clear 02 Cloudy 03 Rain 04 Fog 77 All Other (Explain)		01 Slag / Gravel / Stone 02 Blacktop 03 Brick / Block 04 Concrete 05 Dirt 77 All Other (Explain)							
	CONTRIBUTING CAUSES - ROAD		CONTRIBUTING CAUSES - ENVIRONMENT		TRAFFIC CONTROL		SITE LOCATION		TRAFFICWAY CHARACTER			
	01 No Defects 02 Obstruction With / Without Warning 03 Road Under Repair / Construction 04 Loose Surface Materials 05 Shoulders - Soft / Low / High 06 Holes / Ruts / Unsafe Paved Edge 07 Standing Water 08 Worn / Polished Road Surface 77 All Other (Explain)		01 Vision Not Obscured 02 Inclement Weather 03 Parked / Stopped Vehicle 04 Trees / Crops / Bushes 05 Load on Vehicle 06 Building / Fixed Object 07 Signs / Billboards 08 Fog 09 Smoke 10 Glare 77 All Other (Explain)		01 No Control 02 School Zone 03 Traffic Signal 04 Stop Sign 05 Yield Sign 06 Flashing Light 07 Railroad Signal 08 Officer / Guard / Flagman 09 Posted No U-Turn 10 Special Speed Zone		01 Not At Intersection / RR X'ing / Bridge 02 At Intersection 03 Influenced By Intersection 04 Driveway Access 05 Railroad Crossing 06 Bridge 07 Entrance Ramp 08 Exit Ramp 09 Parking Lot - Public 10 Parking Lot - Private		1 Straight-Level 2 Straight-Upgrade / Downgrade 3 Curve-Level 4 Curve-Upgrade / Downgrade TYPE SHOULDER 1 Paved 2 Unpaved 3 Curb			
	VEHICLE	FL. LICENSE NUMBER	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	CATEGORY			

FLORIDA TRAFFIC CRASH REPORT

☐ UPDATE ☐ CONTINUATION
MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE

COUNTY/CITY CODE		DATE OF CRASH		INVEST. AGENCY REPORT NUMBER		HSMV CRASH REPORT NUMBER	
DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE					
VEHICLE TRAVELING N S E W		ON	At	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE
INSURANCE COMPANY (LIABILITY OR PIP)				POLICY NUMBER		VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other	
OWNER'S FULL NAME (Check if Driver)				CURRENT ADDRESS (Number and Street)		CITY AND STATE ZIP CODE	
OWNER'S FULL NAME (Trailer or Towed Vehicle)				CURRENT ADDRESS (Number and Street)		CITY AND STATE ZIP CODE	
DRIVER (Exactly as on Driver License) / Pedestrian				CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE DATE OF BIRTH	
DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END	BAC TEST 3 Urine 1 Blood 4 Refused 2 Breath 5 None	RESULTS	AL/DRUG PHYS. DEF. RES RACE SEX INJ. S. EQUIP. EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No		PLACARDED	1 Yes 2 No	RECOMMEND RE-EXAM	1 Yes 2 No	If YES, Explain in Narrative DRIVER'S PHONE NO.	
PASSENGER'S NAME (Additional on Continuation Page)		CURRENT ADDRESS		CITY & STATE / ZIP		AGE	LOC. INJ. S. EQUIP. EJECT.

COUNTY/CITY CODE		DATE OF CRASH		INVEST. AGENCY REPORT NUMBER		HSMV CRASH REPORT NUMBER	
DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE					
VEHICLE TRAVELING N S E W		ON	At	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage	EST. TRAILER DAMAGE
INSURANCE COMPANY (LIABILITY OR PIP)				POLICY NUMBER		VEHICLE REMOVED BY: 1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other	
OWNER'S FULL NAME (Check if Driver)				CURRENT ADDRESS (Number and Street)		CITY AND STATE ZIP CODE	
OWNER'S FULL NAME (Trailer or Towed Vehicle)				CURRENT ADDRESS (Number and Street)		CITY AND STATE ZIP CODE	
DRIVER (Exactly as on Driver License) / Pedestrian				CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE DATE OF BIRTH	
DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END	BAC TEST 3 Urine 1 Blood 4 Refused 2 Breath 5 None	RESULTS	AL/DRUG PHYS. DEF. RES RACE SEX INJ. S. EQUIP. EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No		PLACARDED	1 Yes 2 No	RECOMMEND RE-EXAM	1 Yes 2 No	If YES, Explain in Narrative DRIVER'S PHONE NO.	
PASSENGER'S NAME (Additional on Continuation Page)		CURRENT ADDRESS		CITY & STATE / ZIP		AGE	LOC. INJ. S. EQUIP. EJECT.

INVESTIGATOR - RANK AND SIGNATURE		ID/BADGE NUMBER	DEPARTMENT	FHP	SO	CPD	OTHER
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Florida

Original size document – 8-1/2 X 11

NARRATIVE / DIAGRAM

DO NOT WRITE IN THIS SPACE

Florida

DIAGRAM



Page _____ Of _____ Pages

FLORIDA TRAFFIC CRASH REPORT

COMMERCIAL VEHICLE SUPPLEMENT
MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE

COUNTY/CITY CODE	DATE OF CRASH	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
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DO NOT COMPLETE THIS FORM UNLESS ONE OR MORE QUALIFYING VEHICLES WAS INVOLVED, AND ONE OR MORE OF THE FOLLOWING OCCURRED:

1. ONE OR MORE PERSONS SUSTAINED A FATAL INJURY OR WAS TRANSPORTED FOR TREATMENT 2. ONE OR MORE VEHICLES WAS TOWED FROM THE SCENE 3. ONE OR MORE VEHICLES WAS PROVIDED ASSISTANCE

QUALIFYING VEHICLES Trucks with 6 or more Tires or HAZ MAT Placard <input type="checkbox"/>	Buses Designed To Carry 16 or more Persons <input type="checkbox"/>	PERSONS Sustaining Fatal Injuries <input type="checkbox"/>	Transported For Immediate Medical Treatment <input type="checkbox"/>	VEHICLES Provided Assistance or Towed From the Scene Due to Damage <input type="checkbox"/>
--	--	--	---	--

CARRIER'S NAME			SOURCE	
ADDRESS (Number and Street)			1. Shipping Papers <input type="checkbox"/> 2. Vehicle Side <input type="checkbox"/> 3. Driver <input type="checkbox"/> 4. Other <input type="checkbox"/>	
CITY			STATE	ZIP

IDENTIFICATION NUMBERS: U S DOT	ICC MC	NONE
STATE NUMBER	STATE	

GROSS VEHICLE WEIGHT RATING Truck, Tractor or Bus Trailer or Trailers (Total) Total Number of Axles (Incl. Trailers)	CARGO BODY TYPE 1. Bus 2. Van/Enclosed Box 3. Cargo Tank 4. Flat Bed 5. Dump 6. Concrete Mixer 7. Auto Transport 8. Garbage or Refuse 9. Other	VEHICLE CONFIGURATION 0. Any 4-Tire Vehicle 1. Bus 2. Single Unit Truck (2 Axle / 6 or more Tires) 3. Single Unit Truck (3 or more Axles) 4. Truck with Trailer 5. Truck Tractor Only (Bobtail) 6. Tractor with Semi-Trailer 7. Tractor with Double Trailers 8. Tractor with Triple Trailers 9. Other - Unable To Classify	HAZARDOUS MATERIAL INVOLVEMENT Did Vehicle Have a Hazardous Material Placard? 1. Yes 2. No If "YES", from Placard Indicate Name or 4-Digit Number From Diamond or Box
--	--	---	--

SEQUENCE OF EVENTS (FOR THIS VEHICLE)				1 Digit Number From Bottom of Diamond Was Hazardous Material Released From This Vehicle's Cargo? 1. Yes 2. No
EVENT # 1	EVENT # 2	EVENT # 3	EVENT # 4	
11. Ran Off Road 12. Jackknifed 13. Overturned or Rollover 14. Downhill Runaway 15. Cargo Load or Shift 16. Explosion or Fire 17. Separation of Units 18. Other Events	COLLISION INVOLVING: 21. Pedestrian 22. Motor Vehicle in Transport 23. Parked Vehicle 24. Train 25. Motorcycle 26. Animal 27. Fixed Object 28. Other Object			

CARRIER'S NAME			SOURCE	
ADDRESS (Number and Street)			1. Shipping Papers <input type="checkbox"/> 2. Vehicle Side <input type="checkbox"/> 3. Driver <input type="checkbox"/> 4. Other <input type="checkbox"/>	
CITY			STATE	ZIP

IDENTIFICATION NUMBERS: U S DOT	ICC MC	NONE
STATE NUMBER	STATE	

GROSS VEHICLE WEIGHT RATING Truck, Tractor or Bus Trailer or Trailers (Total) Total Number of Axles (Incl. Trailers)	CARGO BODY TYPE 1. Bus 2. Van/Enclosed Box 3. Cargo Tank 4. Flat Bed 5. Dump 6. Concrete Mixer 7. Auto Transport 8. Garbage or Refuse 9. Other	VEHICLE CONFIGURATION 0. Any 4-Tire Vehicle 1. Bus 2. Single Unit Truck (2 Axle / 6 or more Tires) 3. Single Unit Truck (3 or more Axles) 4. Truck with Trailer 5. Truck Tractor Only (Bobtail) 6. Tractor with Semi-Trailer 7. Tractor with Double Trailers 8. Tractor with Triple Trailers 9. Other - Unable To Classify	HAZARDOUS MATERIAL INVOLVEMENT Did Vehicle Have a Hazardous Material Placard? 1. Yes 2. No If "YES", from Placard Indicate Name or 4-Digit Number From Diamond or Box
--	--	---	--

SEQUENCE OF EVENTS (FOR THIS VEHICLE)				1 Digit Number From Bottom of Diamond Was Hazardous Material Released From This Vehicle's Cargo? 1. Yes 2. No
EVENT # 1	EVENT # 2	EVENT # 3	EVENT # 4	
11. Ran Off Road 12. Jackknifed 13. Overturned or Rollover 14. Downhill Runaway 15. Cargo Load or Shift 16. Explosion or Fire 17. Separation of Units 18. Other Events	COLLISION INVOLVING: 21. Pedestrian 22. Motor Vehicle in Transport 23. Parked Vehicle 24. Train 25. Motorcycle 26. Animal 27. Fixed Object 28. Other Object			

Florida

DEFINITIONS

TRUCK — A MOTOR VEHICLE DESIGNED, USED OR MAINTAINED PRIMARILY FOR THE TRANSPORTATION OF PROPERTY. FOR THE PURPOSE OF THIS FORM THE VEHICLE MUST ALSO MEET ONE OF THE FOLLOWING CRITERIA:

- HAVE AT LEAST 6 TIRES ON THE GROUND
- OR
- CARRY A HAZARDOUS MATERIAL PLACARD

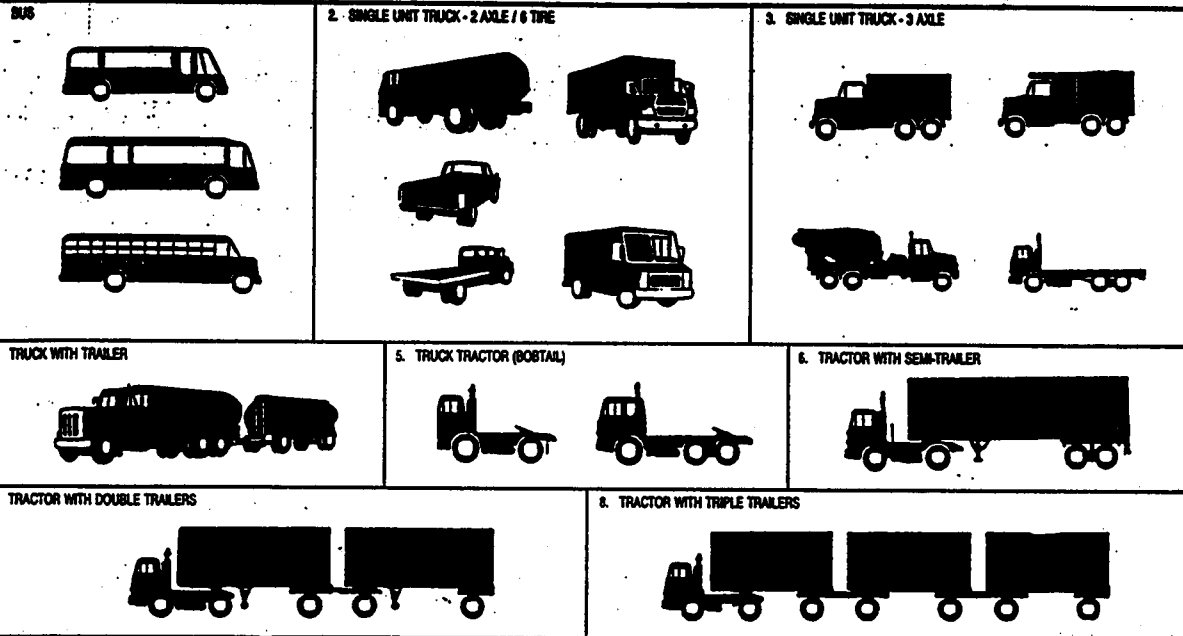
BUS — A MOTOR VEHICLE PROVIDING SEATS FOR 16 OR MORE PERSONS INCLUDING THE DRIVER AND USED PRIMARILY FOR THE TRANSPORTATION OF PERSONS.

TRAILER — A NON-POWER VEHICLE TOWED BY A MOTOR VEHICLE.

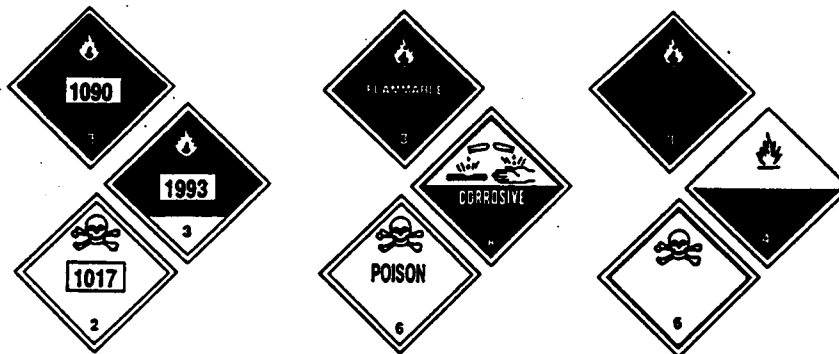
REPORTABLE CRASH — A TRAFFIC CRASH REQUIRED TO BE REPORTED IN WRITING BY A LAW ENFORCEMENT OFFICER TO THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES INVOLVING ONE OR MORE TRUCKS OR BUSES (AS DEFINED ABOVE) WHICH RESULTS IN:

- ONE OR MORE FATALITIES
- OR
- ONE OR MORE NON-FATAL INJURIES REQUIRING TRANSPORTATION FOR THE PURPOSE OF OBTAINING IMMEDIATE MEDICAL TREATMENT
- OR
- ONE OR MORE OF THE VEHICLES BEING REMOVED FROM THE SCENE AS A RESULT OF DISABLING DAMAGE
- OR
- ONE OR MORE VEHICLES REQUIRING INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

TYPICAL VEHICLE SILHOUETTES



TYPICAL HAZARDOUS MATERIAL PLACARDS



Accident Number		Agency NCIC No.		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT				County		Date Rec. By DPS	
Date		Day Of Week Sun M T W Th F S		Time		Off. Arrived		Total Number Of: Vehicles Injured Fatalities		Inside City Of:	
Road of Occurrence _____ At Its Intersection _____ 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. With 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.								Corrected Report Yes <input type="checkbox"/>			
Not At Its Intersection But _____ 1 <input type="checkbox"/> Miles 1 <input type="checkbox"/> North 3 <input type="checkbox"/> East Of: _____ 2 <input type="checkbox"/> Feet 2 <input type="checkbox"/> South 4 <input type="checkbox"/> West 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line								Suppl. To Original Yes <input type="checkbox"/>			
And Continuing in the Direction Checked Above The Next Reference Point is 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line											
Driver # Last Name First Middle				Driver # Last Name First Middle							
Ped <input type="checkbox"/> Address				Ped <input type="checkbox"/> Address							
City State Zip DOB				City State Zip DOB							
Driver's License No. Class State <input type="checkbox"/> Male <input type="checkbox"/> Female				Driver's License No. Class State <input type="checkbox"/> Male <input type="checkbox"/> Female							
Posted Speed		Insurance Co.		Policy No.		Posted Speed		Insurance Co.		Policy No.	
Year		Make		Model		Year		Make		Model	
VIN		Vehicle Color		VIN		Vehicle Color		VIN		Vehicle Color	
Tag #		State		County		Year		Tag #		State	
Trailer Tag #		State		County		Year		Trailer Tag #		State	
<input type="checkbox"/> Same as Driver Owner's Last Name First Middle				<input type="checkbox"/> Same as Driver Owner's Last Name First Middle							
Address				Address							
City State Zip				City State Zip							
Removed By <input type="checkbox"/> Request <input type="checkbox"/> List				Removed By <input type="checkbox"/> Request <input type="checkbox"/> List							
Alcohol Test		Type		Results		Drug Test		Type		Results	
Driver Condition		Direction of Travel		Vision Obscured		Contributing Factors		Driver Condition		Direction of Travel	
Vehicle Condition		Vehicle Maneuver		Pedestrian Maneuver				Vehicle Condition		Vehicle Maneuver	
Most Harmful Event		Vehicle Class		Vehicle Type		Most Harmful Event		Vehicle Class		Vehicle Type	
Traffic Control		Device Inoperative? <input type="checkbox"/> Yes <input type="checkbox"/> No				Traffic Control		Device Inoperative? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Injured Taken To By:											
EMS Notified Time		EMS Arrival Time		Hospital Arrival Time		Photos Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No		By:			
Report By: Department				Report Date				Checked By:		Date Checked	
Witness(es): Name				Address				City		State	
								Zip Code		Telephone No.	
DPS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)											
COMMERCIAL VEHICLES ONLY											
Carrier Name Vehicle #						Carrier Name Vehicle #					
Address						Address					
City State Zip						City State Zip					
Number of Axles		G.V.W.R.		Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Cargo Body Type		Number of Axles		G.V.W.R.	
Vehicle Config.		I.C.C.M.C. #		U.S. D.O.T. #		Interstate Intrastate <input type="checkbox"/>		Vehicle Config.		I.C.C.M.C. #	
C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
If YES, Name or 4 Digit Number from Diamond or Box: 1 Digit Number from Bottom of Diamond:						If YES, Name or 4 Digit Number from Diamond or Box: 1 Digit Number from Bottom of Diamond:					
Ran Off Road		Down Hill Runaway		Cargo Loss Or Shift		Separation of Units		Ran Off Road		Down Hill Runaway	

MAIL TO: GEORGIA DEPARTMENT OF PUBLIC SAFETY, ACCIDENT REPORTING UNIT, P.O. BOX 1486, ATLANTA, GEORGIA, 30301-2303

(Rev. 8-23-82)

MAIL TO: GEORGIA DEPARTMENT OF PUBLIC SAFETY, ACCIDENT REPORTING UNIT, P.O. BOX 1456, ATLANTA, GEORGIA, 30371-2303

ALCOHOL AND/OR DRUG TEST GIVEN 1 - Yes 2 - No 3 - Refused	PEDESTRIAN MANEUVER 1 Crossing, Not At Crosswalk 2 Crossing At Crosswalk 3 Walking With Traffic 4 Walking Against Traffic 5 Pushing Or Working On Vehicle 6 Other Working In Road 7 Playing In Roadway 8 Standing In Roadway 9 Off Roadway 10 Other	CONTRIBUTING FACTORS 1 No Contributing Factors 2 D.U.I. 3 Following Too Close 4 Failed To Yield 5 Exceeding Speed Limit 6 Disregard Stop Sign/Signal 7 Wrong Side Of Road 8 Weather Conditions 9 Improper Passing 10 Driver Lost Control 11 Changed Lanes Improperly 12 Object Or Animal 13 Improper Turn 14 Parked Improperly 15 Mechanical Or Vehicle Failure 16 Surface Defects 17 Misjudged Clearance 18 Improper Backing 19 No Signal/Improper Signal 20 Driver's Condition 21 Too Fast For Conditions 22 Improper Passing Of School Bus 23 Disregard Police Officer 24 Distracted 25 Other	VEHICLE TYPE 1 Passenger Car 2 Pickup Truck 3 Truck Tractor (Bobtail) 4 Tractor/Trailer 5 Tractor W/Twin Trailers 6 Logging Truck 7 Logging Tractor/Trailer 8 Single Unit Truck 9 Panel Truck 10 Van 11 Utility Passenger Veh. 12 Vehicle With Trailer 13 Bus 14 Truck Towing House Trailer 15 Ambulance 16 Motorized Recreational Vehicle 17 Motorcycle, Scooter, Minibike 18 Moped 19 Pedalcycle, Bicycle 20 Farm or Const. Equip. 21 All Terrain Vehicle 22 Other
TYPE TEST 1-Blood 2-Breath 3-Urine 4-Other DRIVER CONDITION 1 Not Drinking 2 Not Known If U.I. 3 Drinking, Not Impaired 4 U.I. Alcohol 5 U.I. Drugs 6 U.I. Alcohol & Drugs 7 Physical Impairment 8 Apparently Fall Asleep	FIRST HARMFUL EVENT/MOST HARMFUL EVENT NON-COLLISION 1 Overtake 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Other Non-Collision COLLISION WITH OBJECT NOT FIXED 6 Pedestrian 7 Pedalcycle 8 Railway Train 9 Animal 10 Parked Motor Veh. 11 Motor Vehicle In Motion 12 Motor Vehicle In Motion - In Other Roadway 13 Other Object (Not Fixed) 14 Deer	COLLISION WITH FIXED OBJECT 15 Impact Attenuator 16 Bridge 17 Bridge Pier/Abutment 18 Bridge Parapet End 19 Bridge Rail 20 Guardrail Face 21 Median Barrier 22 Highway Traffic Sign Post 23 Overhead Sign Support 24 Luminaire/light Support 25 Utility Pole 26 Other Post 27 Culvert 28 Curb 29 Ditch 30 Embankment 31 Fence 32 Mailbox 33 Tree 34 Other Fixed Object	TRAFFIC CONTROL 1 No Control Present 2 Traffic Signal 3 RR Signal/Sign 4 Warning Sign 5 Stop Or Yield Sign 6 No Passing Zone 7 Lane 8 Other
DIRECTION OF TRAVEL 1-North 2-South 3-East 4-West VISION OBSCURED BY 1 Not Obscured 2 Headlights 3 Sunlight 4 Parked Vehicle 5 Trees, Bushes 6 Rain, Snow, Ice 7 On Windshield 8 Other	VEHICLE CONDITION 1 No Known Defects 2 Tire Failure 3 Brake Failure 4 Improper Lights 5 Steering Failure 6 Stick Tires 7 Other	VEHICLE CLASS 1 Privately Owned 2 Police 3 Fire 4 School 5 Other Govt. Owned 6 Military 7 Commercial Veh. (For Acc. Reporting Purposes Only) 8 Other	CARGO BODY TYPE 1 Van (Encl. Box) 2 Auto Carrier 3 Bus 4 Dump 5 Garbage/Refuse 6 Flatbed 7 Cargo Tanker 8 Concrete Mixer 9 Other VEHICLE CONFIGURATION 1 Bus (Seating For More Than 15 Passengers) 2 Single Unit Truck: 2 Axles 3 Single Unit Truck: 3 Or More Axles 4 Truck/Trailer 5 Truck Tractor (Bobtail) 6 Tractor/Trailer 7 Tractor With Twin Trailers 8 Unknown Heavy Truck (Cannot Classify)

Georgia

Report By: _____

Page _____ of _____

Attach to DPS-523

DPS-523C (01/94)

Original size document – 8-1/2 X 11

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

HPD-108A (R-4/91)

1 UNIT	2 CRIME CODE	3 COUNTY	4 DISTRICT	5 CENSUS	6 BEAT	7 WATCH	8 REPORT NO	9 UNIT	10 UNIT
75	SHEET ____ OF ____		11 NO OF WITN		12 NUMBER KILLED	13 NUMBER INJURED	14 TOWAWAY	15 HITS/RUN	16 FIRE
9 REPORT TYPE		10 TOTAL INVOLVED		11 NO OF WITN		12 NUMBER KILLED	13 NUMBER INJURED	14 TOWAWAY	15 HITS/RUN
1 Major 2 Minor		MV MC MOP RC PED		11 NO OF WITN		12 NUMBER KILLED	13 NUMBER INJURED	14 TOWAWAY	15 HITS/RUN
19 DATE/TIME OCCURRED		DAY		DATE/TIME REPORTED		20 REPORTED TO		I.D. NO.	
21 INVESTIGATOR(S)		22 REPORTED BY NAME/ADDRESS		RESID. PHONE		BUS. PHONE		23 TIMES SENT: ARRIVE: BACK: NOTIF: ARRIVE:	
24 WEATHER (up to two)		25 LIGHT/LIGHTING		26 LOCATION CLASSIFICATION		27 TRAFFIC LEVEL		28 NAME OF STREET OR HIGHWAY	
1 Clear 4 Hazy 2 Cloudy 5 Windy 3 Rain 6 Other		1 Daylight 4 Lit-Continuous 2 Dawn/Dusk 5 Dark-Lights off 3 Lit-Spot 6 Dark-No Lights		1 School 4 Industrial 7 No Dev 2 Business 5 Recreation 8 Others 3 Residential 6 Farms/Fields		1 Light 2 Medium 3 Heavy		28 NAME OF STREET OR HIGHWAY	
29 DIST. AND DIRECTION FROM REFER		CITY OR TOWN		ROADWORK		NUMBER LANES		TYPE FLOW JURIS/CLASS	
30 UNIT NO		UNIT CLASS		NO OF OCCUP		TRAILER TYPE		TRAILER PLATE NO.	
31 UNIT NO		UNIT CLASS		NO OF OCCUP		TRAILER TYPE		TRAILER PLATE NO.	
32 OPERATOR'S/PEDESTRIAN'S NAME		33 OPERATOR'S/PEDESTRIAN'S NAME		34 ADDRESS		35 ADDRESS		36 RESID. PHONE	
37 RESID. PHONE		38 PLACE OF EMPLOYMENT/ADDRESS		39 PLACE OF EMPLOYMENT/ADDRESS		40 SEX		DATE OF BIRTH (age)	
41 SEX		42 OPERATOR'S LICENSE NO.		STATE		CLASS		ENDRS	
43 OPERATOR'S LICENSE NO.		44 RESTRICT		COMPL		COORD		BAC TEST GIVEN	
45 CITATIONS—Code and Number		46 CITATIONS—Code and Number		ESTIM. SPD.		SPD LIMIT		47 CITATIONS—Code and Number	
48 OWNER'S NAME		49 OWNER'S NAME		50 OWNER'S ADDRESS		51 OWNER'S ADDRESS		52 INSURED BY	
53 INSURED BY		54 LICENSE PLATE NO.		STATE		VIN		55 LICENSE PLATE NO.	
56 YEAR		57 YEAR		58 SPECIAL USE		SFTY EXPIR		WEIGHT	
59 DAMAGED AREAS		60 SPECIAL USE		SFTY EXPIR		WEIGHT		INITIAL IMPACT POINT	
61 DAMAGED AREAS		62 STOLEN		TYPE OF DAMAGE		ESTIM. DAMAGE		63 STOLEN	
64 REMOVAL		65 REMOVAL		66 REMOVED TO		AT THE REQUEST OF		67 REMOVED TO	
68 OBJECT STRUCK/DAMAGE DESCRIPTION		69 OBJECT STRUCK/DAMAGE DESCRIPTION		70 OWNER'S NAME/ADDRESS		PHONE		71 OWNER'S NAME/ADDRESS	
72 NAME/ADDRESS		73 REPORT WRITTEN BY		BADGE NO.		DATE/TIME		74 SUPERVISOR APPROVING	
75		76		77		78		79	
80		81		82		83		84	
85		86		87		88		89	
90		91		92		93		94	

Hawaii

Original size document – 8-1/2 X 11

IF A QUESTION DOES NOT APPLY, ENTER AN "X" IF ANSWER IS UNKNOWN, ENTER A "U" "OTHER"—EXPLAIN IN ACCIDENT DESCRIPTION

DIRECTION OF TRAVEL Enter 2 numbers for each unit. Direction is given by number, center of circle and number. Ex: 58 means N then NW, 25 means SW then S 51 means N, 37 means W, 62 means NE.				VISION OBSTRUCTION 0 None 1 Trees/Bushes/Fence 2 Embankment 3 Building 4 Moving Vehicle 5 Parked/Stopped Veh 6 Blinded Sun/Headlights 7 Rain/Dirt/Windshield 8 Other	
VEHICLE MANEUVER 01 Straight Ahead 02 Changing Lanes 03 Merging 04 Overtaking 05 Slowing/Stopping 06 Backing 07 Parking 08 Parked 09 Start from Parking 10 Stopped in Traffic 11 Start in Traffic 12 Right Turn on Red 13 Right Turn—Other 14 Left Turn 15 U Turn 16 Entering Traffic 17 Other		HUMAN FACTORS 0 None 1 Inattention 2 Misjudgment 3 Fatigue 4 Alcohol 5 Drugs 6 Illness 7 Legal Medication 8 Distraction by Occupant 9 Other			
REASON FOR MANEUVER 1 For Intended Movement 2 Traffic Controls 3 Mechanical Failure 4 Other 5 Avoid Other Vehicle 6 Avoid Pedestrian 7 Avoid Moped/Bicycle 8 Avoid Object/Animal 9 Avoid Prior Accident		OTHER FACTORS VEHICLE 00 None 01 Excessive Speed 02 Disregard Controls 03 Failure to Yield 04 Wrong Way/Direction 05 Crossed Centerline 06 Improper Turn 07 Improper Overtaking 08 Followed Too Close 09 Other PED/BIC/MOPED 10 Illegally in Roadway 11 Bicycle Violation 12 Clothing Not Visible			
TRAFFIC CONTROLS TYPE 0 None 1 Traffic Signals 2 Stop Sign 3 Yield Sign 4 Flashing Red 5 Flashing Amber 6 Officer/Flagman 7 Other		ROADWAY COMPOSITION 1 Concrete 2 Asphalt 3 Gravel/Crushed Coral 4 Dirt 5 Other			
TRAFFIC CONTROL CONDITION 1 Functioning Properly 2 Knocked Down 3 Obscured 4 Red not Operating 5 Yellow not Operating 6 Green not Operating 7 Arrow not Operating 8 Stuck—Lights not Changing 9 Other Malfunction		ROADWAY SURFACE CONDITION 1 Dry 2 Wet 3 Muddy 4 Debris 5 Oily 6 Other			
GUIDANCE (prior to harmful event) LEFT OF UNIT 0 None 1 Solid Yellow 2 Broken Yellow RIGHT OF UNIT 3 Solid White 4 Broken White 5 Curb/Median/Barrier 6 Bikeway Marking 7 Crosswalk Line		ROAD DEFECTS 1 No Defects 2 Holes, Ruts, Bumps 3 Soft Shoulder 4 Low Shoulder 5 High Shoulder 6 Loose Material 7 Restricted Width 8 Other Defects			
VEHICLE FACTORS 0 None 1 Worn Tires 2 Tire Failure 3 Brakes 4 Headlights 5 Tailights 6 Turnsignals 7 Steering 8 Other		ROADWAY ALIGNMENT HORIZONTAL 1 Straight 2 Curved VERTICAL 3 Level 4 Upgrade 5 Downgrade 6 Hillcrest 7 Sag			

ALL PERSONS

B POSITION IN UNIT Vehicle For Lap Positions Replace "0" with "1" e.g., 21, 31, etc. Motor/ Moped/Bic Pedestrian 	E EJECTION 00 Not Ejected 01 Total Ejection 02 Partial Ejection 03 Trapped	F SAFETY-EQUIPMENT-USE 00 Not Present Vehicle: 01 Lap Belt Used 02 Lap Belt Not Used 03 Belt Used/Harness Not Used 04 Belt/Harness Not Used 05 Harness Only Used 06 Belt/Harness Used Motorcycle/Moped/Bicycle: 07 Helmet Used 08 Shield/Helmet Not Used 09 Helmet/Shield Used 10 Shield Used Passive: 11 Bag Deployed 12 Bag Not Deployed 13 Passive Belt/Harness 14 Passive System Inoperable Youth: 15 Seat Not Available 16 Seat Available, Not Used 17 Used, Seat Not Secured, Child Secured 18 Used, Seat and Child Not Secured 19 Used, Seat and Child Secured 20 Used, Seat Secured, Child Not Secured	G INJURY-CLASS 00 No Injury 01 Possible Injury 02 Non-incapacitating Injury 03 Incapacitating Injury 04 Fatal H INJURY-AREA 01 Head 02 Face 03 Eye 04 Neck 05 Chest 06 Back 07 Shoulder/Upper Arm 08 Elbow/Lower Arm/Hand 09 Abdomen/Pelvis 10 Hip/Upper Leg 11 Knee/Lower Leg/Foot 12 Entire Body	I CAUSE OF INJURY 01 Steering Wheel 02 Dashboard 03 Roof 04 Windshield 05 Glass Not Windshield 06 Mirror 07 Pillar 08 Seat 09 Loose Objects 10 Engine 11 Hood 12 Fender/Door 13 Wheel 14 Bumper 15 Grill 16 Lights 17 Motor Handlebars 18 General 19 External Object ACC-SITE-CARE J 00 None 01 First Aid 02 Resuscitation 03 Extinction 04 1 and 2 05 1 and 3 06 2 and 3 07 Other 08 Refusec	K VICTIM-TRANSPORT 01 Not Transported TRANSPORTED 02 By Ambulance 03 By Police Car 04 By Helicopter 05 By Private Vehicle 06 Other L HOSPITAL (see back of cover) M CONDITION 01 Refused Treatment 02 Released 03 Good, Fair 04 Serious, Guarded 05 Critical 06 Dead on Arrival 07 Dead—Other
--	---	--	--	--	--

UNIT CLASS CODE

01 Automobile
02 Van
03 Pickup Truck
04 Truck—Other
05 Bus—Transit
06 Bus—School
07 Bus—Other
08 Motorcycle
09 Motor Scooter
10 Moped
11 Bicycle
12 Maint./Construction Equip
13 Farm Veh./Equipment
14 Recreational Vehicle
15 Pedestrian
16 Other

TRAILER TYPE

00 None
01 Boat
02 Flatbed
03 Gondola
04 Hopper
05 Horse
06 Livestock
07 Lowbed or Lowboy
08 Tanker
09 House or Travel
10 Cable Reel
11 Utility
12 Van
13 Pole
14 Miscellaneous (Other)

HAZARDOUS MATERIAL
Being Transported

1 Flammable Liquid
2 Corrosive Material
3 Explosives
4 Radioactive Material
5 Ammonia
6 Chlorine
7 Other

VEHICLE COLOR

01 Black 10 Maroon
02 Blue 11 Orange
03 Lt. Blue 12 Pink
04 Brown 13 Purple
05 Cream 14 Red
06 Gold 15 Silver
07 Gray 16 Tan
08 Green 17 White
09 Lt. Green 18 Yellow

SPECIAL USE

00 None of the Following
01 Driver Training
02 Construction/Maint.
03 Taxi
04 Fire
05 Wrecker on Call
06 Ambulance
07 Police on Duty
08 Police off Duty
09 Military
10 Government
11 Farm Use
12 Other

DRIVER LICENSE CODE

1 Motor Scooters
2 Motorcycles and Motor Scooters
3 Cars, Buses & Trucks 10,000 lbs. GVWR or less
4 Buses over 10,000 lbs. GVWR and 3
5 Trucks over 10,000 lbs. GVWR and 3
6 Tractors, Semi Trailers and 3 & 5
7 Truck Trailers, and 3, 5 & 6
8 Buses and 5
9 Buses and 6
0 All motor vehicles categories 3, 4, 5, 6, & 7

COORDINATION TEST

0 Not Given
1 Passed
2 Failed

LICENSE STATUS

1 Valid
2 Not Licensed
3 Cancelled
4 Denied
5 Expired
6 Revoked
7 Suspended
8 Temporary

LICENSE RESTRICTION CODE

A Glasses
B Outside Mirror
C Automatic Transmission
D Day Light Hours Only
E Full Hand Equipment
F Mechanical Signals
O Other

ROAD CLASSIFICATION/JURISDICTION

S State
C County
P Private
O Other

HOSPITAL CODE

99 Other

HAWAII

01 Hilo Hospital
02 Kona Hospital
03 Kau Hospital
04 Kohala Hospital
05 Honokaa Hospital

MAUI

06 Kula General Hospital
07 Msui Memorial Hospital
08 Hana Clinic

KAUAI

09 Wilcox Memorial Hospital
10 Kauai Veterans Memorial Hospital

MOLOKAI

11 Molokai General Hospital

LANAI

12 Lanai Community Hospital

OAHU

13 Castle Hospital
14 Children's Hospital
15 Kahuku Hospital
16 Kaiser Foundation Hospital
17 Kaneohe State Hospital
18 Kapiolani Hospital
19 Kuakini Hospital
20 Leeward Oahu Hospital
21 Pearl Ridge
22 Queens Medical Center
23 Schofield
24 St. Francis Hospital
25 Straub Hospital
26 Tripler Army Hospital
27 Wahiawa General Hospital

State of Idaho Police Accident Report



Page **01**

Date of Collision Mo. Day Yr.			Day of Collision Sun. Mon. Tues. Wed. Thurs. Fri. Sat.							Time (Use 2400 Hour)		County		Agency Code		Local Code	
<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> IN City or Town <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF										Name & No. of Street or Highway						Posted Speed	
Non Intersection										At the Intersection of Street/Road						Posted Speed	
Between Street/Road A Street/Road B										<input type="checkbox"/> Mile Post <input type="checkbox"/> R. R. Crossing #						Interchange #	
Distance & Direction from Cross Street or Nearest Mile Post <input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF										<input type="checkbox"/> Street A <input type="checkbox"/> Street B							

Driver's Name Last First Middle				Driver's Name Last First Middle				
Street Address				Street Address				
City State Zip Code Phone No.				City State Zip Code Phone No.				
Driver's License No.		State		Citation #				
Drug Reported:		Results		BAC Test Results:				
Registered Owner Last First Middle				Registered Owner Last First Middle				
Address of Owner				Address of Owner				
Name of Insurance Company		Was Liability Insurance in Effect?		Name of Insurance Company		Was Liability Insurance in Effect?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vehicle Year	Make (Dodge-Chev.)	Model (Dart-Nova)	Style (2 Dr.-Conv.)	Vehicle Year	Make (Dodge-Chev.)	Model (Dart-Nova)	Style (2 Dr.-Conv.)	
Vehicle Color	License Plate No.	State		Vehicle Color	License Plate No.	State		
Vehicle Identification No.				Vehicle Identification No.				
Unit Type	Unit Use	Attach. #1	Attach. #2	Towed Due to Damage By:	Unit Type	Unit Use	Attach. #1	
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> CHECK <input checked="" type="checkbox"/> IF OPERATOR WAS DRIVING A COMMERCIAL VEHICLE				<input type="checkbox"/> CHECK <input checked="" type="checkbox"/> IF OPERATOR WAS DRIVING A COMMERCIAL VEHICLE				
Cargo Body	# Axes	Haz-Mat #	G.V.W.R.-Power	Cargo Body	# Axes	Haz-Mat #	G.V.W.R.-Power	
ICC#	DOT #	G.V. W. R. Trailer		ICC#	DOT #	G.V. W. R. Trailer		

Unit #	Seating	Name & Address of Persons Involved	Sex	Date of Birth	Injury	Prot. Dev.	Ejection	Extraction
					Removed From Scene By: <input type="checkbox"/> Amb. <input type="checkbox"/> Police Car <input type="checkbox"/> Helicopter <input type="checkbox"/> Priv. Vehicle <input type="checkbox"/> Not Transp.			
					Removed From Scene By: <input type="checkbox"/> Amb. <input type="checkbox"/> Police Car <input type="checkbox"/> Helicopter <input type="checkbox"/> Priv. Vehicle <input type="checkbox"/> Not Transp.			
					Removed From Scene By: <input type="checkbox"/> Amb. <input type="checkbox"/> Police Car <input type="checkbox"/> Helicopter <input type="checkbox"/> Priv. Vehicle <input type="checkbox"/> Not Transp.			
					Removed From Scene By: <input type="checkbox"/> Amb. <input type="checkbox"/> Police Car <input type="checkbox"/> Helicopter <input type="checkbox"/> Priv. Vehicle <input type="checkbox"/> Not Transp.			
					Removed From Scene By: <input type="checkbox"/> Amb. <input type="checkbox"/> Police Car <input type="checkbox"/> Helicopter <input type="checkbox"/> Priv. Vehicle <input type="checkbox"/> Not Transp.			
Injured Transported To:			By:			EMS Dispatched / 2400 Hours EMS Arrived / 2400 Hours Date		

Idaho

<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="width: 40%;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Estimated Cost</div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="width: 40%;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Estimated Cost</div>
<div style="border: 1px solid black; padding: 5px;"> Direction of Travel (If turning enter direction before turning) <input type="checkbox"/> N <input type="checkbox"/> E On Street <input type="checkbox"/> S <input type="checkbox"/> W </div>	<div style="border: 1px solid black; padding: 5px;"> Point of Initial Impact <input type="checkbox"/> Point of Impact Principle <input type="checkbox"/> Extent of Deformity <input type="checkbox"/> </div>
<div style="border: 1px solid black; padding: 5px;"> Direction of Travel (If turning enter direction before turning) <input type="checkbox"/> N <input type="checkbox"/> E On Street <input type="checkbox"/> S <input type="checkbox"/> W </div>	<div style="border: 1px solid black; padding: 5px;"> Point of Initial Impact <input type="checkbox"/> Point of Impact Principle <input type="checkbox"/> Extent of Deformity <input type="checkbox"/> </div>

Indicate on this diagram what happened 	Show North by Arrow in Circle
Indicate Road Names 	

Other information not covered elsewhere:

Property Damage (Name of Object Struck - Owner's Name & Address)	Estimated Damage \$
---	-------------------------------

Witnesses:

Name	Address	State	Phone

Name	Address	State	Phone

<input checked="" type="checkbox"/> Investigating Officer's Name & Rank	Badge or ID No.	Date of Report	Photos Y <input type="checkbox"/> N <input type="checkbox"/>	Approved By	Date
Police Dispatched 2400 Hours			Police Arrived 2400 Hours		

★ Send **ORIGINAL** to: Office of Highway Safety
 P. O. Box 7129
 Boise, Idaho 83707-1129

FD-302 (Rev. 11-80)

Locality	
1 Business	4 Recreational Area
2 Commercial	5 Agricultural
3 Industrial	6 Undeveloped
4 Manufacturing	7 Residential
5 School/Playground	

Road Type	
1 2-Way & Raised/Depressed Divider	5 Ramp
2 2-Way & 2-Way Left Turn Lane Divider	6 Alley
3 One-Way	7 Rest Area
4 2-Way & No Divider	8 Port of Entry

Number of Lanes	
1	2
3	4
5	6
7	8
9	10

Weather Conditions	
Two Selections Possible	
1 Clear	5 Sleet/Hail
2 Cloudy	6 Fog
3 Rain	7 Blowing Dust/Sand
4 Snow	8 Severe Cross Winds
	A Smoke/Smog

Light Conditions	
1 Day	4 Dark - Street
2 Dawn/Dusk	Lights Off
3 Dark - Street	5 Dark - No
Lights On	Street Lights

Road Surface Type	
1 Concrete	
2 Paved (Asphalt)	
3 Gravel/Stone	
4 Dirt	

Road Geometrics	
1 Straight	2 Curve
1 Upgrade	4 Sag
2 Downgrade	5 Level
3 Hillcrest	

Other Road Conditions	
Note: Use only if the conditions contributed to the accident.	
1 Ruts/Bumps/Holes	5 Loose Gravel/Seal Coat
2 Slick Asphalt (Bleeding)	6 Under Construction
3 Washboard	7 Lane Closed
4 High/Low Shoulder	8 Flooded
	A Poor Pavement Markings

Road Surface Conditions	
1 Dry	5 Snow
2 Wet	6 Mud
3 Slush	7 Water
4 Ice	9 Other

TRAFFIC CONTROL	
1 Stop Sign	7 R. R. Flashing Beacon
2 Yield	8 Officer/Flagger
3 Traffic Signal	A School Bus Signal
4 Flashing Beacon	B No-Passing Barmer Line
5 Traffic Signal-Ped. Only	C Construction Sign
6 R. R. Gates/Signal	D Not Functioning or Missing

SPECIFY		
1 Functioning	2 Not Functioning	3 Missing

Unit # 1	- Alcohol / Drug Involvement -	Unit #2
1. Neither Alcohol or Drugs Present	2. Yes - Alcohol	3. Yes - Drugs (List)
		4. Yes - Both

Unit # 1	- Alcohol Test - (List Results in Driver Section)	Unit #2
1. None Given	2. Test Refused	3. Blood Test
		4. Urine Test
		5. Breath Test

Unit # 1	- Drug Test - (List Drug Type and Results in Driver Section)	Unit #2

Unit # 1	- Location of Truck Information -	Unit #2
1. Shipping Papers	2. Vehicle Side	3. Driver
		4. Log Book
		9. Other

Unit # 1	- Hazardous Material Placard - (Y - Yes; N - No)	Unit #2
Unit # 1	- Hazardous Material Released - (Y - Yes; N - No)	Unit #2

CODE AND ELEMENT VALUE

Unit Type	Attachments
1 Pedestrian	1 Boat Trailer
2 Pedalcycle	2 Utility Trailer
3 Motorcycle	3 Travel Trailer
4 Moped	4 Towed Vehicle
5 ATV	9 Other
6 Car	
7 PU/Van/Panel	
8 PU w/Camper	
10 Motorhome	
15 Bus	
21 Single Unit Truck-2 axle/6 Tires	
22 Single Unit Truck - 3 axle	
23 Truck w/Trailer	
25 Tractor w/Semi Trailer	
26 Tractor w/Double Trailer	
27 Tractor w/Triples Trailer	
28 Train	
30 Farm Equipment (List)	
40 Construction Equip. (List)	
99 Other Non Motor Veh.	

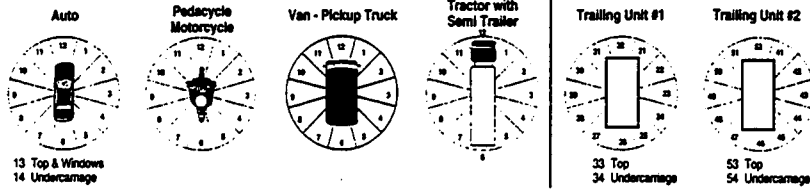
Cargo Body Type (Truck or Bus Only)
1 Bus
2 Van/Enclosed Box
3 Cargo Tank
4 Flatbed
5 Dump
6 Concrete Mixer
7 Auto Transporter
8 Garbage/Refuse
9 Other

Unit Use
1 Police
2 Ambulance
3 Driver Trng.
4 Government
5 Taxi
6 Fire
7 Wrecker
8 School Bus

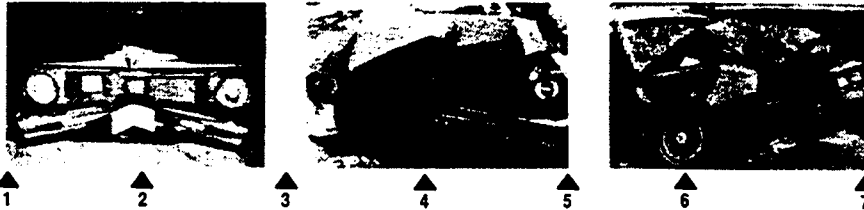
Seating	Injury	Ejection
1 Front Seat-Left Side (Motorcycle Driver)	K Dead	1 Not Ejected
2 Front Seat-Middle	A Incapacitating	2 Totally Ejected
3 Front Seat-Right Side	B Non-Incapacitating	3 Partially Ejected
4 Second Seat-Left Side (Motorcycle Passngr.)	C Possible	
5 Second Seat-Middle		
6 Second Seat-Right Side		
7 Third Row-Left Side (Motorcycle Passngr.)		
8 Third Row-Middle		
10 Third Row-Right Side		
11 Sleeper Sect.-(TruckCab)		
12 Passngr.- other enclosed Passngr./Cargo area (Non-Trailing Unit)		
13 Passngr.- unenclosed Passngr./Cargo area (Non-Trailing Unit)		
14 Trailing Unit		
15 Riding on Veh. Exterior (Non-Trailing Unit)		
16 Pedestrian (Nonoccupant)		
99 Other		

Protective Devices	Trapped Extrication
1 Shoulder Belt Only	1 Not Trapped
2 Lap Belt Only	2 Trapped/Extrication
3 Shoulder & Lap	3 Trapped/Not Extricated
4 Child Safety Seat	
5 Helmet Used	
6 N/A - Nonmotorist	
7 Non-Activated Air Bag Belts in Use	
8 Non-Activated Air Bag No Belts in Use	
10 Air Bag Activated Belts in Use	
11 Air Bag Activated No Belts in Use	

POINT OF IMPACT



EXTENT OF DEFORMITY



EVENTS IN ORDER OF OCCURENCE - Indicate Up to 4

- One Veh. Non-Collision**
- 1 Overturn
 - 2 Separation of Units
 - 3 Cargo Loss/Shift
 - 4 Jack-Knifed
 - 5 Ran off Road
 - 6 Down Hill Runaway
 - 7 Fire/Explosion
 - 8 Gas/Inhalation
 - 9 Other Noncollision
 - 11 Fell/Pushed/Jumped
 - 12 Injured in Vehicle
 - 13 Immersion
- One Veh. Collision With:**
- 14 Pedestrian
 - 15 Pedalcycle
 - 16 Railroad Train
 - 17 Domestic Animal
 - 18 Wild Animal
 - 19 Other Object Not Fixed
 - 21 Impact Attenuator
 - 22 Bridge/Pier/Abutment
 - 23 Bridge Pier/Post End
 - 24 Bridge Rail
 - 25 Overpass
 - 26 Guardrail Face
- Collision With Fixed Object**
- 27 Guardrail End
 - 28 Median Barrier
 - 29 Highway Traffic Sign Post
 - 31 Overhead Sign support
 - 32 Luminaire/Light Support
 - 33 Utility Pole
 - 39 Other Pole
 - 41 Culvert
 - 42 Curb
 - 43 Ditch
 - 44 Embankment
 - 45 Fence
 - 46 Mailbox
 - 47 Tree
 - 49 Other Fixed Object
- Two or More Vehicles**
- 50 Head-On Same
 - 51 Head-On Opposite
 - 52 Head-On Right Turn
 - 53 Head-On Left Turn
 - 54 Head-On Right Turn
 - 55 Head-On Left Turn
 - 56 Rear-End Same
 - 57 Rear-End Opposite
 - 58 Rear-End Right Turn
 - 59 Rear-End Left Turn
 - 60 Backed Into
 - 61 Parked Car
 - 99 Other

THE EVENT RELATIONSHIP TO ROADWAY - Indicate Up to 4

- 1 On Roadway
- 2 Left Shoulder
- 3 Right Shoulder
- 4 Roadside
- 5 Outside Right of Way
- 6 Off Roadway - Location Unknown
- 7 Median
- 8 Gone
- 9 Other
- 10 In Parking Lot
- 11 Parking Lot Access Road
- 12 Private Property

FIRST EVENT RELATIONSHIP TO JUNCTION

- 1 At Intersection
- 2 Intersection Related
- 3 At Driveway/Alley
- 4 Driveway/Alley Related
- 5 At Ramp
- 6 Ramp Related
- 7 At Railroad Crossing
- 8 Railroad Crossing Related
- 9 Other

CONTRIBUTING CIRCUMSTANCES - 3 Possible

- 1 Exceeded Posted Speed
- 2 Speed Too Fast for Conditions
- 3 Too Slow for Traffic
- 4 Improper Overtaking
- 5 Improper Lane Change
- 6 Following Too Close
- 7 Drove Left of Center
- 8 Off Roadway Over Corrected
- 10 Improper Backing
- 11 Improper Turn
- 12 Failed to Signal
- 13 Failed to Yield
- 14 Passed Stop Sign
- 15 Disregarded Signal
- 16 Tire Defect
- 17 Wheel Defect
- 19 Other Vehicle Defect
- 21 Alcohol/Drug Impaired
- 22 Inattention
- 23 Vision Obstruction
- 24 Aisle/Drowsy
- 25 Sick
- 26 Fatigued
- 27 Physical Impairment
- 28 Improperly Parked
- 30 Hit & Run
- 31 Previous Accident
- 32 Distraction in/on Vehicle (Last)
- 99 Other

VISION OBSTRUCTION

- 1 Curve in Road
- 2 Hill Crest
- 3 Roadway Slope/Snowbank
- 4 Trees/Crop/Brush
- 5 Reflection from Surface
- 6 Bright Sunlight
- 7 Bright Headlights
- 8 Weather Conditions
- 10 Rain/Snow/Ice on Windows
- 11 Cracked/Dirty Windows
- 12 Splash/Spray from Other Vehicle
- 13 Moving Vehicle
- 14 Parked Vehicle
- 15 Traffic Sign
- 16 Billboard/Fence
- 17 Building
- 99 Other

ACTION

- | Vehicle/Pedestrian | Pedestrian/Pedalcycle |
|----------------------------|---|
| 1 Going Straight | 30 Crossing at Painted Intersection |
| 2 Turning Right | 31 Crossing at Unpainted Intersection |
| 3 Right Turn on Red | 35 Crossing at Non-Intersection Crosswalk |
| 4 Turning Left | 36 Not Crossing at Intersection |
| 5 Left Turn on Red | 40 Walk/Ride with Traffic in Bike Lane |
| 6 U-Turn | 41 Walk/Ride with Traffic in No Bike Lane |
| 7 Merging | 42 Walk/Ride Facing Traffic in Bike Lane |
| 8 Changing Lanes | 43 Walk/Ride Facing Traffic in No Bike Lane |
| 10 Passing | 50 Standing on Roadway |
| 11 Negotiating Curve | 51 Playing on Roadway |
| 12 Stopped in Traffic | 52 Working on Roadway |
| 13 Slowing in Traffic | 60 Enter/Leave School Bus |
| 14 Starting in Traffic | 70 Not on Roadway |
| 15 Parking | 99 Other |
| 16 Entering Driveway/Alley | |
| 17 Leaving Driveway/Alley | |
| 18 Backing | |
| 20 Avoiding Obstacle | |
| 21 Avoiding Veh./Ped. | |
| 22 Pursuing Veh. | |
| 23 Fleeting Pursuit | |
| 24 Racing | |
| 25 Legally Parked | |
| 26 Driveway Veh. in Motion | |

ILLINOIS TRAFFIC CRASH REPORT

Sheet of Sheets

Form fields including: CONTROL NUMBER, ADDRESS NO. (OPTIONAL), INVESTIGATED BY, POLICE, TYPE OF REPORT, DATE OF CRASH, DAMAGE TO VEHICLES, DAMAGE TO PROPERTY, DAMAGE TO OTHER, DAMAGE TO PERSONS, DAMAGE TO ANIMALS, DAMAGE TO PLANTS, DAMAGE TO STRUCTURES, DAMAGE TO UTILITIES, DAMAGE TO LAND, DAMAGE TO AIRCRAFT, DAMAGE TO VESSELS, DAMAGE TO RAILROADS, DAMAGE TO TOWNSHIP, DAMAGE TO COUNTY, DAMAGE TO STATE, DAMAGE TO FEDERAL, DAMAGE TO OTHER.

ADDITIONAL UNITS

*IF YES, COMPLETE COMMERCIAL VEHICLE AREA ON BACK OF FORM

ADDITIONAL UNITS

Illinois

COMMERCIAL VEHICLE		UNIT NO. _____
CARRIER NAME	SOURCE <input type="checkbox"/> Side of truck <input type="checkbox"/> Papers <input type="checkbox"/> Driver <input type="checkbox"/> Log book	
ADDRESS		
CITY	STATE	ZIP
ID NUMBER _____ ICOMC _____ US DOT _____ or State No. _____ State name _____ <input type="checkbox"/> None HAZARDOUS MATERIALS: PLACARD? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: 4-Digits _____ or Name _____ 1-Digit _____		
Y N Unk Hazardous cargo released from truck? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (do not count fuel from vehicle fuel tank) Violation of HAZMAT regs. contribute to crash? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Violation of MCS regs. contribute to crash? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Inspection form completed? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Y N Unk - HAZMAT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Out of Service? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - MCS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Out of Service? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Form No. _____		
IDOT PERMIT # _____ TRAILER WIDTH(S) _____ TRAILER LENGTH(S) - ft _____ VEHICLE LENGTH (TOTAL) - ft _____ 0-8' 9'-10' Over 10' Trailer 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trailer 1 _____ NO. OF AXLES _____ Trailer 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trailer 2 _____		
<input type="checkbox"/> IN CITY OF / <input type="checkbox"/> NEAREST CITY: _____ Miles N E S W of: _____ (Circle)		
VEHICLE CONFIGURATION (Circle Applicable Number) 1 4 7 Bus Truck/trailer Tractor/doubles 2 5 Single unit truck, 2 axles, 6 feet Truck/tractor 3 6 Single unit truck, 3 or more axles Tractor/semitrailer		
CARGO BODY TYPE (Circle Applicable Number) 1 4 7 Bus Flatbed Auto transporter 2 5 8 Van/enclosed box Dump Garbage/refuse 3 6 9 Cargo tank Concrete mixer Unknown		
LOCAL USE ONLY U1 Color _____ U2 Towed by / no _____ U1 Color _____ U2 Towed by / no _____		
NARRATIVE (Refer to vehicle by Unit No.) <div style="border: 1px solid black; height: 100px; width: 100%;"></div>		

Indiana

1.		V1		V2	
State Form: 23558(13-7-91) Stock 302 Mail to: Indiana State Police, Crash Records Section 100 North Senate Avenue, Indianapolis, IN 46204					
Crash I.D. No.					
Date of Crash MONTH DAY YEAR Day of Week Actual Local Time AM PM No Motor Vehicles No Injured No Dead No Trailers					
County Township City/Town or Nearest City/Town					
Inside Corporate Limits? Property? DNR Distance and Direction From Corporate Limits <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Private <input type="checkbox"/> Other Miles North Miles South Miles East Miles West					
Road Crash Occurred On Intersecting Road/Mile Marker/Interchange					
If not at intersection, number of feet from Direction Nearest Intersecting Road/Mile Marker/Interchange					
Driver's Name (Last, First, MI)					
Address (Street, City, State, Zip)					
Apparent Phys. Stat. (enter no.) Sex Date of Birth MONTH DAY YEAR Arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Driver's License No. Lic. Type Lic. St. Restr.					
Color Veh. Yr. Make Model Name					
Veh. Type (enter no.) Lic. Yr. License No. Lic. State					
Veh. Use (enter no.) Speed Limit Fuel Tax No.					
Direction of Travel No. Occupants Fire? <input type="checkbox"/> Yes <input type="checkbox"/> No No. Axles Transporting Hazardous Mat. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Towed To Towed By					
Registered Owner's Name (Last, First, MI)					
Address (Street, City, State, Zip)					
Registered Owner's Name (Last, First, MI)					
Address (Street, City, State, Zip)					
License No. Make Year Lic. St. Lic. Yr.					
INITIAL IMPACT V1 V2 Areas Damaged (Multiples) FRONT BACK 10 - Undercarriage 11 - Trailer 12 - None DAMAGE EST V1 V2 OTHER PROPERTY (INCLUDE CARGO) Name of Object OWNER'S NAME AND ADDRESS Damage Est. (use chart)					
PEDESTRIAN Direction Street/Highway Arrested? Apparent Phys. Stat. (enter no.) <input type="checkbox"/> Yes <input type="checkbox"/> No Enter No. What was pedestrian doing before crash? 1 Not in roadway 2 Standing in roadway 3 Playing in roadway 4 Pushing or working on vehicle 5 Other working in roadway 6 Walking in roadway with traffic 7 Walking in roadway against traffic 8 Getting on or off vehicle 9 Getting on or off school bus 10 Crossing or entering not at intersection 11 Crossing or entering at intersection 12 Other Pedestrian Traffic Control? <input type="checkbox"/> Yes <input type="checkbox"/> No					
DRIVER OF VEHICLE 1 (as listed above)					
DRIVER OF VEHICLE 2 (as listed above)					



D1 Insured By										D2 Insured By																				
Other Participant(s) Name, Address (etc.)																														
Name of Witness No. 1										Address										Location at Time of Crash										
Name of Witness No. 2										Address										Location at Time of Crash										
Name of Person Arrested										I.C. Code(s)					Name of Person Arrested										I.C. Code(s)					
INVESTIGATION	Time Notified		<input type="checkbox"/> AM <input type="checkbox"/> PM	Time Arrived		<input type="checkbox"/> AM <input type="checkbox"/> PM	Other Location of Investigation										Investigation Complete <input type="checkbox"/> Yes <input type="checkbox"/> No					Photos Taken <input type="checkbox"/> Yes <input type="checkbox"/> No								
	Assisting Officer										I.D. No.					Agency										Date of Report				
	Assisting Officer										I.D. No.					Agency										Driver Report Form Furnished				<input type="checkbox"/> D1 <input type="checkbox"/> D2
	Investigating Officer's Signature										I.D. No.					Agency														

INDIANA OFFICER'S VEHICLE CRASH REPORT

CODING INSTRUCTION SHEET

THE FOLLOWING ARE THE CODES USED THROUGHOUT THE REPORT

S# 302-A

SH 502-A

1.	Prim.
V1	
V1	
V2	
V2	
2.	
V1	
V2	
3.	
V1	
V1	
V1	
V2	
V2	
V2	
4.	
V1	
V1	
V2	
V2	
5.	
V1	
V2	
6.	

1. CONTRIBUTING CIRCUMSTANCES

2. PRE-CRASH VEHICLE ACTION

1 Going Straight Ahead	12 Passing
2 Turning on Red	13 Backing
3 Making Right Turn	14 Starting in Traffic
4 Making Left Turn	15 Slowing or Stopping
5 Making U Turn	16 Stopped in Traffic
6 Exiting to Ramp	17 Start From Parked Pos.
7 Merging	18 Entering Parked Pos.
8 Changing Lanes	19 Parked
9 Driving Left of Center	20 Avoiding Obj. in Road
10 Crossed Median	21 Driverless Moving
11 Overtaking	22 Other*
	23 Driving Off Road on the Right

4. TRAFFIC CONTROLS

1 Officer/Crossing Guard/Flagman	7 Stop Sign
2 RR Crossing Gate/Flagman	8 Yield Sign
3 RR Crossing Flashing Signal	9 Lane Control
4 RR Crossing Sign/Pavement Markings	10 No Passing Zone
5 Traffic Control Signal	11 Other Regulatory Sign Markings*
6 Flashing Signal	12 None

3. COLLISION INVOLVED

1 Other Motor Veh.	14 Curbing
2 Pedestrian(s)	15 Fence
3 Bicyclist	16 Bridge Support
4 RR/Train	17 Culvert Head Wall/ Drainage Structure
5 Animal Drawn Veh.	18 Snow Embankment/ Rock Cut/Ditch
7 Deer-List Number Also	19 Earth Embankment/ Fire Hydrant
8 Light Support/Utility Pole	20 Traffic Signal
9 Guide Rail/Median Barrier	21 Mail Box
10 Impact Attenuator	22 Other Non-Fixed Obj.*
11 Sign Post	23 Other Fixed Obj.*
12 Tree	
13 Building Wall	

5. WERE AUTOMATED CONTROLS OPERATING PROPERLY?

1 Yes 2 No*

6. COLLISION DIAGRAM

1 Rear End

2 Head On

3 Same Direction Sideswipe

4 Opp. Direction Sideswipe

5 Off Road Collision

6 Right Angle

7 Left & Right

LEFT TURNS

RIGHT TURNS

16. INJURED

1 Vehicle 1 P - Pedestrian

2 Vehicle 2 B - Bicyclist

 O - Other*

17. POSITION IN OR ON VEHICLE

2-7 Passengers

6 Include Passengers on Motorcycle

7 Include Person in Truck Bed

8 Riding/Hanging on Outside

18. SAFETY EQUIPMENT USED (Drivers and Injured)

1 No Restraint	3 Harness	5 Helmet	7 Other*
2 Lap Belt	4 Child Restraint	6 Airbag	

18A. WAS SAFETY EQUIPMENT EFFECTIVE?

1 Yes 2 No

19. EJECTION/TRAPPED (Drivers and Injured)

1 Not Ejected	3 Ejected	5 Pinned Under
2 Partially Ejected	4 Trapped In	

20. LIST NAMES AND ADDRESSES OF INJURED

16	17	18	19	20	21	22	23	24	25	26	27	28	29
DRIVER OF VEHICLE 1 (as listed above)													
DRIVER OF VEHICLE 2 (as listed above)													

7. CRASH TYPE

1 Hit and Run	3 Overturned
2 Collision	4 Non-Collision

8. LOCATION OF FIRST DAMAGE OR INJURY

1 Intersection	5 Shoulder
2 Driveway Access	6 Median
3 Interchange Area	7 Roadway
4 Off Roadway	

9. KIND OF LOCALITY

1 School/ Playground	4 Rural
2 Residential	5 Public Park
3 Commercial/ Industrial	6 Urban Interstate

10. ROAD CONSTRUCTION/MAINTENANCE/UTILITY WORK PRESENT?

1 Yes 2 No

11. LIGHT CONDITION

1 Daylight	4 Dark (Street Lights Off)
2 Dawn/Dusk	5 Dark (No Street Lights)
3 Dark (Street Lights On)	

12. WEATHER

1 Clear	5 Sleet/Hail/ Freezing Rain
2 Cloudy	6 Fog/Smoke/ Smog
3 Rain	
4 Snow	

13. ROAD SURFACE

1 Concrete	4 Dirt/Gravel
2 Blacktop	5 Other*
3 Brick	

14. ROAD CHARACTER

1 Straight/Level	4 Curve/Level
2 Straight/Grade	5 Curve/Grade
3 Straight/Hillcrest	6 Curve/Hillcrest

15. SURFACE CONDITION

Must use 1-6

1 Dry	4 Slush
2 Wet	5 Snow/Ice
3 Muddy	6 Other*

15A. WERE HAZARDOUS MATERIALS INVOLVED?

1 Yes 2 No

21. NATURE OF MOST SEVERE INJURY

1 Severed	5 Abrasion	8 Fracture/Dislocation
2 Internal	6 Minor Bleeding	9 Contusion/Brui
3 Minor Burn	7 Severe Bleeding	10 Complaint of Pain
4 Severe Burn	(Arterial)	11 None Visible

22. LOCATION OF MOST SEVERE INJURY

1 Chest	6 Back	9 Abdomen/Pelvis
2 Neck	7 Shoulder/ Upper Arm	10 Hip/Upper Leg
3 Eye	8 Elbow/Lower Arm/Hand	11 Knee/Lower Leg/Foot
4 Face		12 Entire Body
5 Head		

23. VICTIMS INJURY STATUS

1 Conscious	4 Unconscious
2 Semi-conscious	5 Shock

Indiana

BELOW LISTED CODES APPLY TO OUTLINED AREAS

1. Prim.		2. V1		3. V1		4. V1		5. V1		6. V1		7. V1		8. V1		9. V1		10. V1		11. V1		12. V1		13. V1		14. V1		15. V1		15A. V1																															
DRIVER 1		Driver's Name (Last, First, MI)																DRIVER 2		Driver's Name (Last, First, MI)																																									
		Address (Street, City, State, Zip)																		Address (Street, City, State, Zip)																																									
VEHICLE 1		Apparent Phys. Stat. (enter no.)		Sex		Date of Birth MONTH DAY YEAR		Arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's License No.		Lic. Type		Lic. St.		Restr.		Color		Veh. Yr.		Make		Model Name		Veh. Type (enter no.)		Lic. Yr.		License No.		Lic. State		Veh. Use (enter no.)		Speed Limit		Fuel Tax No.		Direction of Travel		No. Occupants		Fire? <input type="checkbox"/> Yes <input type="checkbox"/> No		No. Axles		Transporting Hazardous Mat. <input type="checkbox"/> Yes <input type="checkbox"/> No		Towed To		Towed By		Registered Owner's Name (Last, First, MI)		Address (Street, City, State, Zip)		Registered Owner's Name (Last, First, MI)		Address (Street, City, State, Zip)	
VEHICLE 2		Apparent Phys. Stat. (enter no.)		Sex		Date of Birth MONTH DAY YEAR		Arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's License No.		Lic. Type		Lic. St.		Restr.		Color		Veh. Yr.		Make		Model Name		Veh. Type (enter no.)		Lic. Yr.		License No.		Lic. State		Veh. Use (enter no.)		Speed Limit		Fuel Tax No.		Direction of Travel		No. Occupants		Fire? <input type="checkbox"/> Yes <input type="checkbox"/> No		No. Axles		Transporting Hazardous Mat. <input type="checkbox"/> Yes <input type="checkbox"/> No		Towed To		Towed By		Registered Owner's Name (Last, First, MI)		Address (Street, City, State, Zip)		Registered Owner's Name (Last, First, MI)		Address (Street, City, State, Zip)	
TRAILER 1		Apparent Phys. Stat. (enter no.)		Sex		Date of Birth MONTH DAY YEAR		Arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's License No.		Lic. Type		Lic. St.		Restr.		Color		Veh. Yr.		Make		Model Name		Veh. Type (enter no.)		Lic. Yr.		License No.		Lic. State		Veh. Use (enter no.)		Speed Limit		Fuel Tax No.		Direction of Travel		No. Occupants		Fire? <input type="checkbox"/> Yes <input type="checkbox"/> No		No. Axles		Transporting Hazardous Mat. <input type="checkbox"/> Yes <input type="checkbox"/> No		Towed To		Towed By		Registered Owner's Name (Last, First, MI)		Address (Street, City, State, Zip)		Registered Owner's Name (Last, First, MI)		Address (Street, City, State, Zip)	
TRAILER 2		Apparent Phys. Stat. (enter no.)		Sex		Date of Birth MONTH DAY YEAR		Arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's License No.		Lic. Type		Lic. St.		Restr.		Color		Veh. Yr.		Make		Model Name		Veh. Type (enter no.)		Lic. Yr.		License No.		Lic. State		Veh. Use (enter no.)		Speed Limit		Fuel Tax No.		Direction of Travel		No. Occupants		Fire? <input type="checkbox"/> Yes <input type="checkbox"/> No		No. Axles		Transporting Hazardous Mat. <input type="checkbox"/> Yes <input type="checkbox"/> No		Towed To		Towed By		Registered Owner's Name (Last, First, MI)		Address (Street, City, State, Zip)		Registered Owner's Name (Last, First, MI)		Address (Street, City, State, Zip)	
DAMAGE		INITIAL IMPACT V1 V2		Areas Damaged (Multiples) FRONT 1 2 3 4 5 BACK 6 7 8 9 10 11 12		VEHICLE 1		VEHICLE 2		OTHER PROPERTY (INCLUDE CARGO)		Name of Object		OWNER'S NAME AND ADDRESS		Damage Est. (use chart)		Direction		Street/Highway		Arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No		Apparent Phys. Stat. (enter no.)		What was pedestrian doing before crash? 1 Not in roadway 2 Standing in roadway 3 Playing in roadway 4 Pushing or working on vehicle 5 Other working in roadway 6 Walking in roadway with traffic 7 Walking in roadway against traffic 8 Getting on or off vehicle 9 Getting on or off school bus 10 Crossing or entering not at intersection 11 Crossing or entering at intersection 12 Other		Enter No.		Pedestrian Traffic Control? <input type="checkbox"/> Yes <input type="checkbox"/> No																															

MOTOR VEHICLE TYPE

1. Passenger car/station wagon
2. Pick up
3. Van
4. Truck
5. Semi Tractor (Only)
6. Semi Tractor/Trailer
- 6A. Semi Tractor/2 Trailers
7. Combination Vehicle
8. Recreational Vehicle
9. Bus
10. School Bus
11. Police Car
12. Fire Truck
13. Ambulance
14. Motorcycle
15. Moped
16. Snowmobile
17. Motorized Bicycle, Motor Scooter, Minibike
18. Farm Equipment
19. Special Vehicle
20. Other*

ESTIMATE OF DAMAGE

1. Under \$750
2. \$750 - \$1,000
3. \$1,001 - \$2,500
4. \$2,501 - \$5,000
5. \$5,001 - \$10,000
6. \$10,001 - \$25,000
7. \$25,001 - \$50,000
8. \$50,001 - \$100,000
9. Over \$100,000

DRIVER LICENSE RESTRICTIONS

- A Glasses or Contact Lenses
- B Outside Rearview Mirror
- C Daylight Driving Only
- D Automatic Transmission
- G Special Controls
- I Employment Only
- K Motorcycle Only
- M To and From Employment Only
- N Employer's Vehicle Only
- U Power Steering
- V P P Chauffeurs Rest. to Taxi Only
- X Authorized State Owned Vehicles Only
- Y Special Restrictions
- 1 Probation DWI
- 2 Probation HTO
- 3 Photo Exempt

VEHICLE USE

1. Personal (Farm Company)
2. Commercial (Buses, Taxis, Common and Contract Carriers)
3. Rental, not leased
4. School
5. Police, Fire, Ambulance
6. On emergency run
7. Military
8. Highway Department
9. Other Government (Postal, Welfare, etc.)
10. Public Utilities (Gas, Electric, etc.)
11. Other*

APPARENT PHYSICAL STATUS

1. Normal
2. Had Been Drinking
3. Physical Handicaps
4. Ill
5. Fatigued
6. Asleep
7. Drugs, Medication

INDIANA STATE POLICE SUPPLEMENTAL TRUCK AND BUS ACCIDENT REPORT

WHEN TO USE FORM: Answers to questions below determine use of form.

Did this accident involve a

1. truck with at least 2 axles, 6 tires or haz mat placard? or
 2. bus with seats for more than 15 people, including driver?
- STOP - If response to 1 and 2 is "NO", do not fill out form.
3. person(s) fatally injured?
 4. injured person(s) taken away for medical attention?
 5. vehicle(s) towed from scene?
- STOP - If response to 3, 4, and 5 is "NO", do not fill out form.
If response is "YES" to 3, 4, or 5 fill out form.

ACCIDENT I.D. NUMBER

INVESTIGATOR'S LAST NAME

F.I.

INVESTIGATOR'S I.D. NUMBER

ACCIDENT INFORMATION

A. REPORT ACCIDENT NUMBER

STATE NUMBER

B-1. CARRIER'S IDENTIFICATION NUMBERS

STATE NUMBER

B-1. CARRIER'S IDENTIFICATION NUMBERS

US DOT ICC MC

B-2. SOURCE

VEHICLE SIDE ☒ SHIPPING PAPERS ☒ DRIVER ☒

B-2. CARRIER'S NAME

B-3. CARRIER'S STREET ADDRESS

B-3. CITY

STATE ZIP CODE

C. ACCIDENT DATE

MM/DD/YY

D. ACCIDENT TIME

HHMM AM ☒ PM ☒

E-1. ACCIDENT LOCATION

NUMBER/NAME OF HIGHWAY/STREET

E-2. TOWNSHIP/CITY

COUNTY

F-1. TRUCK OR BUS DRIVER'S NAME

LAST FIRST M.I.

F-2. DRIVER'S LICENSE NUMBER

F-3. STATE

G. NUMBER OF FATALITIES AS RESULT OF ACCIDENT

H. NUMBER OF INJURIES AS RESULT OF ACCIDENT

I. WERE ANY VEHICLES TOWED AS A RESULT OF DAMAGE RECEIVED? Yes ☒ No ☒

J. GROSS VEHICLE WEIGHT RATING

K. AXLES ON VEHICLE (INCLUDING TRAILERS)

L. HAZARDOUS MATERIAL INVOLVEMENT

L-1. DID VEHICLE HAVE HAZ MAT PLACARD? Yes ☒ No ☒

L-2. FROM PLACARD INDICATE:

4 - DIGIT PLACARD NUMBER/NAME FROM DIAMOND/BOX

1 - DIGIT NUMBER FROM BOTTOM OF DIAMOND

L-3. WAS HAZARDOUS CARGO FROM VEHICLE RELEASED? (DON'T COUNT FUEL FROM FUEL TANK) Yes ☒ No ☐

OFFICER'S SIGNATURE

M. VEHICLE CONFIGURATION

1. BUS ☒
2. SINGLE UNIT TRUCK: 2 AXLE 6 TIRES ☒
3. SINGLE UNIT TRUCK: 3 or MORE AXLES ☒
4. TRUCK/TRAILER ☒
5. TRUCK/TRACTOR BOBTAIL ☒
6. TRACTOR/SEMI-TRAILER ☒
7. TRACTOR/DOUBLES ☒
8. TRACTOR/TRIPLES ☒
9. UNKNOWN HEAVY TRUCK ☒

N. CARGO BODY TYPE

1. BUS ☒
2. VAN/ENCLOSED BOX ☒
3. CARGO TANK ☒
4. FLATBED ☒
5. DUMP ☒
6. CONCRETE MIXER ☐
7. AUTO TRANS-PORTER ☐
8. GARBAGE/REFUSE ☐
9. OTHER ☐

O. SEQUENCE OF EVENTS (FOR THIS VEHICLE)

	1	2	3	4		1	2	3	4
RAN OFF ROAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COLLISION INVOLVING MOTOR VEHICLE IN TRANSPORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JACKKNIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COLLISION INVOLVING PARKED MOTOR VEHICLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERTURN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COLLISION INVOLVING TRAIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOWNHILL RUNAWAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COLLISION INVOLVING PEDALCYCLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARGO LOSS OR SHIFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COLLISION INVOLVING ANIMAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXPLOSION OR FIRE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COLLISION INVOLVING FIXED OBJECT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEPARATION OF UNITS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COLLISION INVOLVING OTHER OBJECT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLLISION INVOLVING PEDESTRIAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indiana

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INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

PLEASE TYPE OR PRINT

SUMMARY	Total Number of Persons Killed	Total Number of Persons Injured	Total Number of Vehicles Involved	ACCIDENT NUMBER					
Date of Accident: _____ County: _____		Day of Week Code: Sun Mon Tues Wed Thu Fri Sat 1 2 3 4 5 6 7		Time of Accident: _____ Hrs. _____ Mins.		Total Amount of Property Damage: _____		County: _____ City: _____	
If accident occurred outside of city limits show general vicinity _____ miles _____ of nearest city _____		Accident occurred within corporate limits of (city): _____		Road Class Code: _____ ROAD CLASS CODE 1. Interstate/Freeway 2. U.S. or State Highway 3. County Road 4. City Street 5. Other _____ 6. Unknown _____		Route: _____ Road Class: _____ Intersection Identifier: _____		Reference Node: _____	
On Road, Street or Highway: _____		At Intersection with: _____		Road Class Code: _____		Road Class Code: _____		Distance Indicator: _____	
Note: Unless accident occurred at an intersection which is completely described above, use the space below to give the exact location from a milepost or definable intersection, bridge or railroad crossing, using two distances and directions if necessary.		Feet _____ Miles _____ N NE E SE S SW W NW _____ of _____		Feet _____ Miles _____ N NE E SE S SW W NW _____ of _____		Milepost Number _____ Or Definable, intersection, bridge or railroad crossing _____		Direction Node: _____	
Driver's Name - Last, First, Middle: _____		Address: _____		City: _____		State: _____		Zip: _____	
Date of Birth: _____ Male _____ Female _____		Driver License Number: _____		Class/Type: _____		State: _____		License Res. _____	
Citation Number: _____		Citation Charge: _____		Phone: _____		Chemical Test Given? _____		1. None 2. Breath 3. Blood 4. Urine 5. Refused Test Results _____ %	
Owner's Full Name - Last, First, Middle: _____		Address: _____		City: _____		State: _____		Zip: _____	
Year: _____ Make: _____		Model: _____		Style: _____		License Plate: _____		State: _____ Year: _____ VIN No. _____	
Vehicle Type Code _____ Special Use Code _____		Total Occupants _____		Attachment _____		Fire Explosion _____		Hit & Run _____	
Vehicle Removed By _____		Removal Authority _____		Point of Initial Impact _____		Damaged Area of Vehicle _____		Damage Severity Code _____	
Vehicle Removed To _____		\$ _____		Approximate Cost to Repair or Replace _____		Vehicle Defect _____		Initial Direction Travel _____ Speed Limit _____	
Driver's Name - Last, First, Middle: _____		Address: _____		City: _____		State: _____		Zip: _____	
Date of Birth: _____ Male _____ Female _____		Driver License Number: _____		Class/Type: _____		State: _____		License Res. _____	
Citation Number: _____		Citation Charge: _____		Phone: _____		Chemical Test Given? _____		1. None 2. Breath 3. Blood 4. Urine 5. Refused Test Results _____ %	
Owner's Full Name - Last, First, Middle: _____		Address: _____		City: _____		State: _____		Zip: _____	
Year: _____ Make: _____		Model: _____		Style: _____		License Plate: _____		State: _____ Year: _____ VIN No. _____	
Vehicle Type Code _____ Special Use Code _____		Total Occupants _____		Attachment _____		Fire Explosion _____		Hit & Run _____	
Vehicle Removed By _____		Removal Authority _____		Point of Initial Impact _____		Damaged Area of Vehicle _____		Damage Severity Code _____	
Vehicle Removed To _____		\$ _____		Approximate Cost to Repair or Replace _____		Vehicle Defect _____		Initial Direction Travel _____ Speed Limit _____	
If Property other than vehicles Damaged explain: _____		Object Damaged: _____		Estimate of Damage \$ _____		Was owner or tenant notified _____		1-Yes 2-No 0-Unknown	
Name of Owner: _____		Street or RFD: _____		City & State, Zip Code: _____					
ACCIDENT ENVIRONMENT Location of Accident: _____ Type of Accident: _____ Roadway Geometrics: _____ Character of Roadway: _____ Locality: _____ Light Conditions: _____ Weather Conditions (up to two): _____		ROADWAY CHARACTERISTICS Traffic Controls: _____ Type of Trafficway: _____ Traffic Flow: _____ Type of Surface: _____ Vehicle Action: _____ Fixed Object Struck: _____ Location of Fixed Object Struck: _____ Surface Conditions (up to two): _____ Vision Obscured: _____		Veh. 1: _____ Veh. 2: _____		Collision Type: _____ 01 _____ 07 _____ 13 _____ 02 _____ 08 _____ 14 _____ 03 _____ 09 _____ 15 _____ 04 _____ 10 _____ 16 _____ 05 _____ 11 _____ 17 - Other _____ 06 _____ 12 _____ 18 - Single Veh. _____ 19 - Pedestrian _____ 20 - Bicycle _____			
CIRCUMSTANCES Roadway/Environment Related Contributing Circumstances: _____ Driver Condition: _____ Driver/Vehicle Related Contributing Circumstances (up to two): _____		Veh. 1: _____ Veh. 2: _____							

LOWA

SEVERITY		INJURED AREA		POSITION OF INJURED PERSON		PROTECTIVE DEVICE		EJECTION		Sex																
1-Fatal 2-Major (incapacitating) 3-Minor (Bruises and abrasions) 4-Possible (Complaint of pain) 0-Unknown		1-Upper torso 2-Lower torso 3-Internal 4-Head 5-Arms 6-Legs 7-Multiple 0-Unknown		M-Motorcycle/ Moped Driver S-Motorcycle/ Moped Passenger U-Bus Pass B-Bicycle P-Pedestrian T-Other		1-None 2-Lap belt used 3-Lap and shoulder 4-Airbag deployed 5-Child restraint 6-Motorcycle helmet 7-Passive belt 8-Other 0-Unknown		1-Not ejected 2-Partially ejected 3-Totally ejected 4-Extricated 0-Unknown		M-Male F-Female																
PERSON INJURED	Name					Address					Age		Sex		Unit No.		Severity		Injury		Position		Protection		Ejection	
	1																									
	2																									
	3																									
	4																									
5																										
Injured Transported						PEDESTRIAN ACTION <input type="checkbox"/>		Check if pedestrian is also listed as a driver on this report <input type="checkbox"/>		APPARENT PEDESTRIAN SOBRIETY		Test Results														
To: _____						COLOR OF CLOTHING <input type="checkbox"/>																				
By: _____																										
DIAGRAM WHAT HAPPENED: Instruction Number each vehicle and show direction of travel by arrow. Use solid line to show path before accident. Dotted line after accident. Show pedestrian by: Show railroad by: Show utility poles by: Show motorcycle by: Show animal by:														INDICATE NORTH												
NARRATIVE	Describe What Happened (Refer to vehicles by number)																									
WITNESSES	Name, Last, First		Street or RFD			City		State		Zip		Phone														
Signature of Officer						Badge No.		Report Given To All Drivers <input type="checkbox"/> 1-Yes 2-No		Was investigation made at scene? <input type="checkbox"/> 1-Yes 2-No																
Name of Department						Date of Report		Time Officer Notified of Accident		Investigation Completed? <input type="checkbox"/> 1-Yes 2-No																
Report Reviewed by						Date Reviewed		Time Officer Arrived At Scene																		

VEHICLE TYPE CODE 01-Passenger Car 02-Car & Trailer 03-Panel Truck 04-Pickup Truck 05-Pickup & Trailer 06-Pickup Camper 07-Straight Truck 08-Truck Tractor 09-Truck Tractor/Semi 10-Double Bottom Truck 11-Tow Truck/Wrecker 12-Motor Home 13-Bus 14-School Bus 15-Farm Veh/Equip 16-Motorcycle 17-Bicycle, Etc. 18-Recreation Veh. 19-Maint/Const Veh. 20-Train 21-Other (Describe) 22-Moped 00-Unknown	INITIAL DIRECTION TRAVEL 1-North 2-Northeast 3-East 4-Southeast 5-South 6-Southwest 7-West 8-Northwest 0-Unknown	Light Conditions 1-Daylight 2-Dusk 3-Dawn 4-Darkness (Roadway Lighted) 5-Darkness (Roadway Not Lighted) 0-Unknown	ROADWAY CHARACTERISTICS Traffic Controls 01-No Controls Present 02-Traffic Signals 03-Stop Sign 04-Yield Sign 05-Warning Sign 06-School Signals 07-No Passing Zone (Marked) 08-School Stop Sign 09-Stop Arm on School Bus 10-Railroad Warning Sign 11-Railroad Automatic Signal 12-Railroad Crossing Gate 13-Peace Officer 14-Other Traffic Director 15-Other Control 16-Control Not Functioning/Not in Place 00-Unknown Type of Traffic Way 1-One Lane or Ramp 2-Two Lanes 3-Three Lanes 4-Four or More, Undivided 5-Four or More, Divided 6-Alley 7-Driveway 8-Other 0-Unknown Traffic Flow 1-One-Way Traffic 2-Two-Way Traffic 0-Unknown Type of Surface 1-Cement/Concrete 2-Asphalt 3-Gravel/Rock 4-Dirt 5-Brick 6-Steel (Bridge Floor) 7-Wood (Bridge Floor) 8-Other (Explain in Narrative) 0-Unknown Vehicle Action 01-Going Straight 02-Turning Left 03-Turning Right 04-Making U-Turn 05-Passing 06-Changing Lanes 07-Merging 08-Parking 09-Slowing - Stopping 10-Backing 11-Stopped for Stop Sign/Signal 12-Stopped in Traffic Lane 13-Stalled in Traffic Lane 14-Improperly Parked 15-Improperly Parked 16-Other (Explain in Narrative) 17-Unattended moving Vehicle 00-Unknown Fixed Object Struck 01-None 02-Bridge or Overpass 03-Underpass or Bridge Supports 04-Building 05-Culvert 06-Curb 07-Ditch 08-Island or Raised Median 09-Embankment or Retaining Wall 10-Fence 11-Guardrail 12-Light Pole 13-Sign Post 14-Tree or Shrubbery 15-Utility Pole 16-Other Pole or Support 17-Mailbox 18-Impact Attenuator 19-Other 00-Unknown Location of Fixed Object Struck if Applicable 1-On Roadway 2-Shoulder 3-Median 4-Roadside/Ditch 5-Outside of Right-of-Way 0-Unknown	Surface Conditions 1-Dry 2-Wet 3-Ice 4-Snow 5-Loose Gravel (Indicate up to two conditions) Vision Obscured 01-Not Obscured 02-Trees/Crops 03-Buildings 04-Embankment 05-Sign/Billboard 06-Hillcrest 07-Parked Vehicles 08-Moving Vehicles 09-Person/Object In or on Vehicle 10-Blinded by Sun or Headlights 11-Frosted Windows or Windshield 12-Blowing Snow 13-Fog/Smoke/Dust 14-Other (Explain in Narrative) 00-Unknown PEDESTRIAN Pedestrian Action 01-Crossing, Against Signal 02-Crossing, Not At Crosswalk 03-Walking, Improper Position on Roadway 04-Soliciting Rides on Road 05-Walking With Traffic 06-Walking Against Traffic 07-Crossing, With Signal 08-Crossing, In Crosswalk 09-Onto Road Between Parked Cars 10-Ran Onto Roadway 11-Directing Traffic 12-Playing 13-Lying or Sitting on Roadway 14-Pushing, Working on Vehicle 15-Getting On or Off Vehicle 16-Maint/Const Project 17-Walking, Off Roadway 00-Unknown COLOR OF CLOTHING 1-Generally Light 2-Generally Dark 0-Unknown APPARENT PEDESTRIAN SOBRIETY 1-Had Not Been Drinking 2-Drinking (Not Impaired) 3-Drinking (Impaired) 4-Drugs 0-Unknown
SPECIAL USE CODE 1-None 2-Police 3-Fire 4-Taxi 5-Gov't 6-Ambulance 7-Towing 8-Driver Trng. 9-Other (Describe) 0-Unknown	ACCIDENT ENVIRONMENT Location of Accident 1-On Roadway 2-Shoulder 3-Median 4-Roadside/Ditch 5-Outside of Right of Way 0-Unknown	Weather Conditions 1-Clear 2-Cloudy 3-Fog 4-Mist 5-Rain 6-Sleet/hail 7-Snow 8-Strong Wind 9-Other 0-Unknown (Indicate up to two conditions)	CIRCUMSTANCES Roadway/Environment Related Contributing Circumstances 01-None Apparent 02-Weather Conditions 03-Surface Conditions 04-Roadway Defect 05-Pedestrian Action 06-Pedestrian Drinking 07-Previous Accident 08-Animal in Roadway 09-Frost Covered Bridge Floor (Only) 10-Traffic Control not in Place or not Functioning 11-Non-Contact Vehicle 12-Road under Construction 13-Other 00-Unknown Driver Condition 01-Apparently Normal 02-Physical Defect 03-Fatigued 04-Apparently Asleep 05-III 06-Under Medication 07-Infirmities of Age 08-Drinking (Not Impaired) 09-Drinking (Impaired) 10-Drugs 11-Other 00-Unknown Driver/Vehicle Related Contributing Circumstances (For each vehicle, indicate up to two circumstances which caused or contributed to the accident) 01-None Apparent 02-Ran Traffic Signal 03-Ran Stop Sign 04-Passed Stopped School Bus 05-Passing Where Prohibited 06-Passing, Interfered with other Vehicle 07-Left of Center, Not Passing 08-Failed to Yield Row (FTYROW), at Uncontrolled Intersection 09-FTYROW, From Stop Sign 10-FTYROW, From Yield Sign 11-FTYROW, Making Left Turn 12-FTYROW, From Driveway 13-FTYROW, From Parked Position 14-FTYROW, to Pedestrian 15-FTYROW, Other 16-Wrong Way on One-Way Road 17-Speed Too Fast for Conditions 18-Exceeding Speed Limit 19-Drag Racing 20-Improper Turn 21-Improper Lane Change 22-Following too Close 23-No Signal or Improper Signal 24-Disregarded Railroad Signal 25-Disregarded Warning Signal 26-Reckless Driving 27-Improper Backing 28-Illegal or Improper Parking 29-Failure to have Control 30-Head Lights Not On 31-Inattentive or Distracted 32-Driver Confused 33-Vision Obscured 34-Overloaded Vehicle 35-Overloaded with Passengers/ Cargo 36-Inexperienced Driver 38-Other 00-Unknown	TYPE OF ACCIDENT Non-Collision 01-Overtaken in Roadway 02-Jackknifed 03-Carbon Monoxide 04-Fire/Explosion 05-Immersion 06-Other Collision of Motor Vehicle with: 10-Pedestrian 11-Vehicle in Traffic 12-Motorcycle in Traffic 13-Vehicle in Other Roadway 14-Parked Vehicle 15-Train 16-Pedacycle 17-Animal 18-Fixed Object 19-Other Object
ATTACHMENT 01-None 02-Single Trailer 03-Double 04-Semi 05-Farm 06-Utility 07-Camping 08-Boat Trailer 09-Mobile Home 10-Mobile Home (Oversize) 11-Oversize Load 12-Towed Vehicle 13-Other 00-Unknown	ROADWAY GEOMETRICS 1-Straight, Level 2-Straight, Up/Downgrade 3-Straight, Hillcrest 4-Curve, Level 5-Curve, Up/Downgrade 6-Curve, Hillcrest 7-Intersection, Level 8-Intersection, Up/Downgrade 9-Intersection, Hillcrest 0-Unknown	CHARACTER OF ROADWAY Not an Intersection 01-No Special Feature 02-Bridge/Overpass/Underpass 03-Railroad Crossing 04-Business Drive 05-Farm/Residential Drive 06-Other, Non-Intersection Intersection 11-Within intersection 12-Not Within Intersection but Intersection Related 13-Alley Intersection 14-Other (Intersection) Interchange 21-Intersection of Ramp and Minor Road 22-Ramp 23-On Major Road, Between Ramps 24-On Minor Road, Between Ramps 25-Entrance Ramp at Major Road 26-Major Road at Exit Ramp 27-Bridge/Overpass/Underpass 28-Not Within Interchange but Interchange Related 29-Other (Interchange) 00-Unknown	DAMAGE SEVERITY CODE 1-None 2-Light 3-Moderate 4-Severe 0-Unknown	
HIT AND RUN 1-None 2-With MV 3-With Non-Occupant 4-Driver Left Scene 0-Unknown	REMOVAL AUTHORITY 1-None 2-Owner 3-Driver 4-Officer 5-Occupant 6-Other 0-Unknown	Vehicle Defect 01-None 02-Brakes 03-Steering 04-Blowout 05-Smooth Tires 06-Other Tire Defect 07-Wipers 08-Trailer Hitch 09-Exhaust 10-Headlights 11-Tail Lights 12-Turn Signal 13-Suspension 14-Other 15-Glass 00-Unknown	VEHICLE DEFECT 01-None 02-Brakes 03-Steering 04-Blowout 05-Smooth Tires 06-Other Tire Defect 07-Wipers 08-Trailer Hitch 09-Exhaust 10-Headlights 11-Tail Lights 12-Turn Signal 13-Suspension 14-Other 15-Glass 00-Unknown	

Iowa

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SPECIAL DATA (State Use Only)				USE CODE "99" FOR UNKNOWN											
Dr/Pd #	Violation Charged	Citation No.	Dr/Pd #	Violation Charged	Citation No.	Dr/Pd #	Violation Charged	Citation No.							
OFFICER'S OPINIONS OF APPARENT CONTRIBUTING CIRCUMSTANCES (Factor Type-Unit Number/Specific Factor) Enter in order all codes that apply.															
LIGHT 01 Daylight 02 Dawn 03 Dusk 04 Dark: street lights on 05 Dark: no street lights		TRAFFIC CONTROLS O/A (On/At Road) Type Present OK/NF (OK/Non-functional) 00 None 01 Officer, flagger 02 Traffic signal 03 Stop sign 04 Flasher 05 Yield sign 06 RR gates or signal 07 RR crossing signs 08 No passing zone 09 Center/edge lines 88 Other		ACCIDENT CLASS 00 Other non-collision 01 Overturned COLLISION WITH: 02 Pedestrian 03 Other motor vehicle* 04 Parked motor vehicle 05 Railway train 06 Pedalcycle 07 Animal(specify) _____ 08 Fixed object** 09 Other object _____		* COLLISION WITH OTHER MOTOR VEH. 01 Head on 02 Rear end 03 Angle 04 Sideswipe-opposing 05 Sideswipe-overtaking 06 Backed into 88 Other _____									
WEATHER 00 No adverse conditions 01 Rain 08 Freezing rain 02 Sleet 14 Rain & fog 03 Snow 16 Rain & wind 04 Fog 24 Sleet & fog 05 Smoke 36 Snow & winds 06 Strong winds 07 Blowing dust, sand, etc. 88 Other _____		ROAD CHARACTER ON _____ 01 Straight and level 02 Straight on grade 03 Straight at hillcrest 04 Curved and level 05 Curved on grade 06 Curved at hillcrest 88 Other _____ AT _____ 01 Straight and level 02 Straight on grade 03 Straight at hillcrest 04 Curved and level 05 Curved on grade 06 Curved at hillcrest 88 Other _____		ON ROADWAY: 11 Non-intersection 12 Intersection 13 Intersection-related 14 Parking lot or driveway access 15 Interchange area 16 On crossover OFF ROADWAY: 21 Roadside (including shoulder) 22 Median 23 Parking lot, rest area, trafficway 88 Other _____		** FIXED OBJECT TYPE 01 Bridge structure 02 Bridge rail 03 Crash cushion (barrels) 04 Divider, median barrier 05 Overhead sign support 06 Utility pole, devices 07 Other post or pole 08 Building 16 Mailbox 09 Guardrail 17 Ditch 10 Sign post 18 Embankment 11 Culvert 19 Wall 12 Curb 20 Tree 13 Fence 21 RR crossing 14 Hydrant fixtures 15 Barricade 88 Other _____									
SURFACE TYPE ON _____ 01 Concrete 02 Blacktop 03 Gravel 04 Dirt 05 Brick 88 Other _____ AT _____		CONST./MAINT. ZONE ON _____ 00 None apply 01 Construction zone 02 Maintenance zone 03 Utility zone AT _____		ROAD SPECIAL FEATURES Identify up to three 00 None 04 Railroad crossing 01 Bridge 05 Interchange 02 Bridge overhead 06 Ramp 03 Railroad bridge 88 Other _____		Enter any visible identifier; refer by code <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Code</th> <th>Ident.</th> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		Code	Ident.						
Code	Ident.														
VEHICLE MANEUVER BEFORE CRASH 01 Straight/following road 02 Left turn 03 Right turn 04 U turn 05 Overtaking (passing) 06 Changing lanes 07 Avoiding maneuver 08 Merging 09 Parking 10 Backing 11 Stopped awaiting turn 12 Stopped in traffic 13 Illegally parked 14 Disabled in roadway 15 Slowing or stopping 88 Other _____		DAMAGE LOCATION AREA--Vehicle 1 <div style="text-align: center;"> </div> Top _____ Windshield _____ Windows _____ Under _____ Overturn _____ Trailer? _____ Present _____ Damaged _____		VEHICLE BODY TYPE 01 Automobile 10 Single truck over 4-tires 02 Motorcycle 11 Truck and trailer(s) 03 Motorscooter or Moped 12 Tractor-trailer(s) 04 Van 13 Cross country bus 05 Pickup truck 14 School bus 06 Single truck 4-tires 15 Transit bus 07 Camper or RV 25 Train 08 Farm equipment 88 Other _____ 09 All terrain vehicle(ATV)		PEDESTRIAN ACTION 01 Entering or crossing road 02 Walking or riding on road 03 Approaching, leaving, or working on vehicle 04 Working (not on vehicle) 05 Playing or standing 06 Approaching or leaving bus 07 In parked vehicle 88 Other _____									
VEHICLE DAMAGE 00 None/None known 01 Damage (minor) 02 Functional 03 Disabling 04 Destroyed 88 Other _____		DAMAGE LOCATION AREA--Vehicle 2 <div style="text-align: center;"> </div> Top _____ Windshield _____ Windows _____ Under _____ Overturn _____ Trailer? _____ Present _____ Damaged _____		NOT IN INTERSECTION 11 In available crosswalk or bikeway 12 Not in available crosswalk or bikeway 13 In area without crosswalk or bikeway 25 NOT IN ROADWAY		PED OBEDIENCE TO TRAF SIG 00 No pedestrian signal 01 Obeyed pedestrian signal 02 Disobeyed ped signal 03 Ped signal malfunction 04 Not applicable									
DR. LIC. COMPLY (Code each driver) 00 Not licensed 01 Valid license 02 Invalid license		RESTRICT. COMPLY (Code each driver) 00 No restrictions 01 Complied with 02 Did not comply		SUBSTANCE USE AP - Alcohol Present AC - Alcohol Contributed DP - Illegal Drug Present DC - Illegal Drug Contributed MP - Medication Present MC - Medication Contributed		DRIVER/PED IMPAIRMENT TEST TR Alcohol or drug Test Refused PT Positive preliminary Test RP Test given, Results Pending <div style="text-align: center;"> ← B.A.C. → </div>									

Kansas

FATALITY DATA

Rev. 1-95

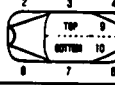
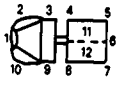
D.O.T FORM NO. 851

COLLISION DIAGRAM

Draw scene as observed. Refer to vehicles, drivers, and pedestrians by numbers assigned in this report.


- SHOW**
- (1) Outline of street and access points and identify specifically by number.
 - (2) Paths of units prior to and after impact, skidmarks, and point of impact (POI).
 - (3) Location of signs, traffic controls, and reference points.
 - (4) Location of other property hit or damaged (trees, signs, etc.).
 - (5) Specific features at location (bridge, overpass, culvert, railroad crossing, etc.).
 - (6) Location of temporary highway conditions.
 - (7) All measurements to locate the accident relative to specific, fixed, and identifiable points.



UNIFORM POLICE TRAFFIC ACCIDENT REPORT										LOCAL CODE		AGENCY I.D. NO.		MASTER FILE NO.		13				
INVESTIGATING AGENCY										KILLED		INJURED		INVESTIGATION COMPLETE <input type="checkbox"/> INCOMPLETE <input type="checkbox"/>		H. & R.		14		
TRAFFICWAY NO. OR NAME										MILES		N E IN S W OF		TOWN		COUNTY		15		
INTERSECTION <input type="checkbox"/> BETWEEN STREETS <input type="checkbox"/>										ONE WAY YES <input type="checkbox"/> NO <input type="checkbox"/>		RAMP YES <input type="checkbox"/> NO <input type="checkbox"/>		FROM _____ TO _____		MILE POST _____ SPEED LIMIT _____		16		
UNIT 1 REMOVED TO _____ NO. OCCUPANTS _____										UNIT 2 REMOVED TO _____ NO. OCCUPANTS _____										17
OPERATORS LIC. NO. _____ STATE _____ RESTRICTION NON-RESTRICTION <input type="checkbox"/> CODE _____ COMPLIANCE YES <input type="checkbox"/> NO <input type="checkbox"/>										OPERATORS LIC. NO. _____ STATE _____ RESTRICTION NON-RESTRICTION <input type="checkbox"/> CODE _____ COMPLIANCE YES <input type="checkbox"/> NO <input type="checkbox"/>										18
OPERATOR—LAST NAME _____ FIRST _____ M.I. _____ DATE OF BIRTH _____										OPERATOR—LAST NAME _____ FIRST _____ M.I. _____ DATE OF BIRTH _____										19
STREET NO. & NAME _____										STREET NO. & NAME _____										20
CITY _____ STATE _____ ZIP CODE _____										CITY _____ STATE _____ ZIP CODE _____										21
OWNER—LAST NAME _____ FIRST _____										OWNER—LAST NAME _____ FIRST _____										22
OWNER—ADDRESS _____										OWNER—ADDRESS _____										23
MOTOR CARRIER: NAME & ADDRESS _____										MOTOR CARRIER: NAME & ADDRESS _____										24
VEH. YR. MAKE _____ MODEL _____ TYPE _____ STATE _____ REGISTRATION NO. _____ YEAR _____										VEH. YR. MAKE _____ MODEL _____ TYPE _____ STATE _____ REGISTRATION NO. _____ YEAR _____										25
VEH. INS. CO. _____ ADDRESS _____										VEH. INS. CO. _____ ADDRESS _____										26
FIRE YES <input type="checkbox"/> NO <input type="checkbox"/> OVERTURNED YES <input type="checkbox"/> NO <input type="checkbox"/> EST TRAVEL SPEED BETWEEN _____ MPH AND _____ MPH SUBCOMPACT <input type="checkbox"/> FULL SIZE <input type="checkbox"/> COMPACT <input type="checkbox"/> INTERMED. <input type="checkbox"/>										FIRE YES <input type="checkbox"/> NO <input type="checkbox"/> OVERTURNED YES <input type="checkbox"/> NO <input type="checkbox"/> EST TRAVEL SPEED BETWEEN _____ MPH AND _____ MPH SUBCOMPACT <input type="checkbox"/> FULL SIZE <input type="checkbox"/> COMPACT <input type="checkbox"/> INTERMED. <input type="checkbox"/>										27
VEH. ID NUMBER _____										VEH. ID NUMBER _____										28
HAZARDOUS YES <input type="checkbox"/> CARGO NO <input type="checkbox"/> CARGO CODE _____ TYPE CARGO _____ NUMBER OF TRAILERS _____										HAZARDOUS YES <input type="checkbox"/> CARGO NO <input type="checkbox"/> CARGO CODE _____ TYPE CARGO _____ NUMBER OF TRAILERS _____										29
TRUCK LENGTH _____ FT. _____ IN. _____ WIDTH _____ FT. _____ IN. _____ SINGLE UNIT <input type="checkbox"/> COMBINATION <input type="checkbox"/> NO. AXLES _____										TRUCK LENGTH _____ FT. _____ IN. _____ WIDTH _____ FT. _____ IN. _____ SINGLE UNIT <input type="checkbox"/> COMBINATION <input type="checkbox"/> NO. AXLES _____										30
DAMAGED UNIT NUMBER ONE										DAMAGED UNIT NUMBER TWO										31
 OTHER PROP. 1 NO DAMAGE 2 MINOR 3 MODERATE 4 SEVERE 5										 OTHER PROP. 1 NO DAMAGE 2 MINOR 3 MODERATE 4 SEVERE 5										32
INDICATE NORTH BY ARROW										ACCIDENT DESCRIPTION										33
PROPERTY DAMAGE-OTHER THAN VEHICLES										OWNER ADDRESS										34
1ST AID GIVEN BY:										INJURED OR DECEASED REMOVED BY:										35
CTESM YES <input type="checkbox"/> OPER. #1 <input type="checkbox"/> PED. <input type="checkbox"/> TYPE BREATH <input type="checkbox"/> BLOOD <input type="checkbox"/> URINE <input type="checkbox"/> TESTED FOR DRUG _____ ALCOHOL _____										TAKEN BY _____ SENT TO _____ RESULTS _____										36
DRIVERS/WITNESSES/PASSENGERS										ADDRESS										37
ENFORCEMENT ACTION <input type="checkbox"/> #1 <input type="checkbox"/> #2										CITATION OR CASE NO. _____ KRS NUMBER: _____ OFFENSE _____										38
INVESTIGATOR _____ I.D. NO. _____ BEAT OR POST NO. _____ TIME NOTIFIED _____ TIME ARRIVED _____ SCENE CLEARED _____										PHOTOS: PHOTOGRAPHER UNIT NO. _____ REVIEWED BY: _____ PAGE OF PAGES _____										39

1 TRAFFIC RECORDS COPY (WITHIN TEN DAYS)

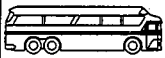




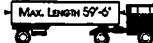
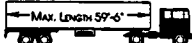

KSP 74 REV. 1/87

	UNIFORM POLICE TRAFFIC ACCIDENT REPORT SUPPLEMENTARY				LOCAL CODE		AGENCY I.D. NO.		MASTER FILE NO.						
	INVESTIGATING AGENCY				KILLED	INJURED	INVESTIGATION COMPLETE <input type="checkbox"/> INCOMPLETE <input type="checkbox"/>		H. & R.	DAY	TIME	MO.	DAY	YEAR	
	TRAFFICWAY NO. OR NAME				MILES	N S	E W	IN OF	TOWN		COUNTY				
DRIVERS/WITNESSES/PASSENGERS		ADDRESS		OF DECEASED - DATE/TIME		33	32	31	30	29	28	27	26	25	
ENFORCEMENT ACTION <input type="checkbox"/> #1 <input type="checkbox"/> #2		CITATION OR CASE NO.:		KRS NUMBER:		OFFENSE					PHOTOS: <input type="checkbox"/> YES <input type="checkbox"/> NO PHOTOGRAPHER UNIT NO.				
INVESTIGATOR:				I.D. NO.	BEAT OR POST NO.	TIME NOTIFIED	TIME ARRIVED	SCENE CLEARED	REVIEWED BY:		PAGE OF PAGES				

1 TRAFFIC RECORDS COPY (WITHIN TEN DAYS)

TRUCK - BUS SUPPLEMENT

Supplement required for accidents involving trucks with at least 2 axles and 6 tires, OR buses with a seat capacity of 15 or more, OR any vehicle transporting hazardous material.

COUNTY	ON Road	CITY	DATE of Accident	TIME Occurred	Day	Traffic Unit No.	Page of /
STATE USE ONLY		Investigating Dept.	Investigating Officer/Badge No.		Local Case Number		
CARRIER NAME (CORPORATE BUSINESS NAME)					KANSAS PERMITS (Issuer and Permit Number)		
CARRIER ADDRESS		CITY	STATE	ZIP CODE		1. _____ 2. _____ 3. _____	
U.S. GOVERNMENT PERMITS (Issuer and Number)			SOURCE OF NAME (enter one only) 01 Side of vehicle 03 Driver 02 Shipping papers 04 Logbook or manifest				
USDOT		ICC MC					
2 axles, 6 tires							
							
01		02		03		04	
							
05		06		07			
VEHICLE CONFIGURATION		ON ROAD LANE TYPE		ACCESS CONTROL			
01 Bus _____ (capacity) 02 Single-unit truck (2-axle, 6-tires) 03 Single-unit truck (3 or more axles) 04 Truck and trailer 05 Truck tractor (bobtail) 06 Truck tractor and semi-trailer 07 Truck tractor and double trailer 08 Truck tractor and triple trailer 09 Heavy truck, cannot classify		00 Undivided 01 One-way roadway 02 Divided roadway, median strip without barrier 03 Divided roadway, median strip with barrier		00 No control (unlimited access) 01 Full control (entry/exit only by ramp) 88 Other _____			
CAB TYPE (for single truck or tractor)		CARGO TYPE		SEQUENCE OF EVENTS (list up to 4)			
01 Cab behind engine 02 Cab over engine		00 Empty 01 Driveaway or towaway 02 Explosives 03 Farm and other animals 04 Farm products 05 Gases 06 General freight (packages) 07 Heavy machinery, objects 08 Household goods 09 Liquids (bulk) 10 Logs, poles, lumber 11 Metal (coils, sheets, etc.) 12 Mobile home 13 Motor vehicles 14 Refrigerated foods 15 Solids (bulk) 16 Rock, sand, gravel, salt 17 Food products 18 Plastic products 88 Other _____		00 Ran off road 11 Jackknife 12 Overtake 13 Downhill runaway 14 Cargo loss or shift 15 Explosion 16 Fire 17 Separation of units 18 Trailer swing COLLISION WITH: 21 Pedestrian 22 Motor vehicle in transport 23 Parked motor vehicle 24 Train 25 Pedalcycle 26 Animal 27 Fixed object 28 Other object 88 Other event _____			
CARGO BODY TYPE							
01 Van or enclosed box 02 Hopper 03 Tank 04 Flatbed 05 Dump 06 Concrete mixer 07 Auto transporter 08 Garbage or refuse 88 Other _____							
TRAILERS		TOTALS				HAZARDOUS MATERIALS DATA	
	WIDTH (inches)	LENGTH (feet)	Total Length (feet)	No. of Axles	No. of Trailers	Gross Vehicle Weight	Material ID No.
Trailer 1							Weight (pounds)
Trailer 2							Spill or release?
Trailer 3							

USE CODE "99" FOR UNKNOWN

Rev. 1-95

D.O.T FORM NO. 852

Original size document - 8-1/2 X 11

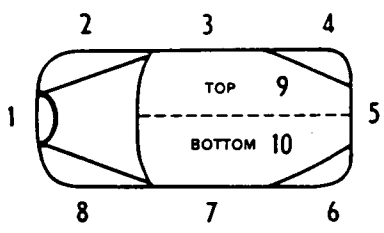
APPARENT CONTRIBUTING CIRCUMSTANCES CODES
(LIST IN ORDER OF SIGNIFICANCE)

D (n) DRIVER (1, 2, etc.)	V (n) VEHICLE (1, 2, etc.)
01 Under influence of drugs 02 Under influence of alcohol 03 Failed to yield right of way 04 Disregarded traffic signs, signals or road markings 05 Exceeded posted speed limit 06 Too fast for conditions 07 Made improper turn 08 Wrong side or wrong way 09 Followed too closely 10 Improper lane change 11 Improper backing 12 Improper passing 13 Improper or no signal 14 Improper parking 15 Fell asleep 16 Failed to give full time and attention 17 Did not comply with license restrictions 18 Distraction in or on vehicle 19 Avoidance or evasive action 20 Impeding traffic or too slow for traffic 21 Ill or medical condition	01 Brakes 02 Tires 03 Exhaust 04 Headlights 05 Window or windshield (includes ice on windshield & designer tinting) 06 Wheel(s) 07 Trailer coupling 08 Cargo 09 Unattended (in motion) 10 Unattended (not in motion) 11 Other lights
	O/A (On/At) R (Road)
	01 Wet 02 Icy or slushy 03 Debris or obstruction 04 Ruts, holes, bumps 05 Road under construction or maintenance 06 Traffic control device inoperative 07 Shoulders: low, soft, high
P (n) - PEDESTRIAN/CYCLIST (1, 2, etc.)	E - ENVIRONMENT
01 Under influence of drugs 02 Under influence of alcohol 03 Failed to yield right of way 04 Disregarded traffic control 05 Illegally in roadway 06 Pedalcycle violation 07 Clothing not visible 08 Inattention	01 Fog, smoke, or smog 02 Sleet, hail, or freezing rain 03 Blowing sand, soil, or dirt 04 Strong winds 05 Rain or snow 06 Animal 07 Vision obstruction -- building, vehicles, or other objects made by humans 08 Vision obstruction -- vegetation 09 Vision obstruction -- glare from sun or headlights

OFFICER'S OPINIONS		Interpretation:				
Contributing		<u>Dr</u> 1: Made improper turn (07)				
Circumstances		<u>On Rd</u> : Icy or slushy (02)				
Example	<table><tr><td>D1</td><td>07</td><td>OR</td><td>02</td></tr></table>	D1	07	OR	02	
D1	07	OR	02			

SEAT CODES FOR VEHICLE OCCUPANTS	CODES FOR TRAIN OCCUPANTS	SAFETY EQUIPMENT USE
SEAT (Location) 01 <u>DRIVER</u> (or <u>motorcycle operator</u>) 02 Center front 03 Right front 04 Left rear (or <u>motorcycle passenger</u>) 05 Center rear 06 Right rear 07 Other seat position <u>IN</u> vehicle (or <u>2nd motorcycle passenger</u>) 08 Any position <u>ON</u> or <u>OUTSIDE</u> of vehicle including in truck bed 09 Unknown location <u>IN</u> or <u>ON</u> vehicle 11 Extra person in driver's seat or on driver's lap 12 - 17 Extra person in seat or on seated passenger	31 Train crew (List all <u>in control</u> whether injured or not) 32 Train passenger (List only if injured)	N None used S Shoulder and Lap X Shoulder only L Lapbelt only P Passive system (airbag) C Child/youth restraint, used properly Y Child/youth restraint, not used properly H Motorcycle or pedalcycle helmet E Motorcycle eye protection B Both MC helmet and eye protection used U Unknown
	PEDESTRIAN TYPE CODES 21 Pedestrian 22 Pedalcyclist 23 Rider of animal 24 In animal-drawn vehicle 25 In vehicle <u>NOT IN TRANSPORT</u> 26 Machine operator or passenger 88 Other	INJURY SEVERITY N Not injured or not known P Possible injury I Injury, not incapacitating D Disabled, incapacitating F Fatal injury
EJECTED/TRAPPED N-No E-Ejected T-Trapped U-Unknown	SEX M-Male F-Female U-Unknown	

PRE-ACCIDENT VEHICLE ACTION		COVER CODE SHEET		TOTAL TRAFFIC UNITS INVOLVED		
1. Going Straight Ahead 2. Making Right Turn 3. Making Left Turn 4. Making U Turn 5. Starting From Parking 6. Starting In Traffic 7. Stopping Or Stopping 8. Stopped In Traffic 9. Stopped Parked Position 10. Parked 11. Avoiding Object in Roadway 12. Changing Lanes 13. Overtaking 14. Merging 15. Backing 20. Other & Unknown*		COVER CODE SHEET KSP Form 74C (1-1-87) The cover code sheet is used as a guide for the investigator to code certain information along margin side of the regular report. Do not leave spaces blank - use the appropriate code. 1. If blank space does not apply enter NA. 2. If question is unknown, enter U. 3. If a factor is marked with *, give explanation. An "Event" is potentially an accident by itself. The First or Second Event may be any one of the 40 events listed.		13		
1 #1				TOTAL THROUGH LANES IN BOTH DIRECTIONS ON MAJOR TRAFFICWAY		14
2 #2				LAND USE/LOCALITY		15
3		LOCATION OF FIRST EVENT (DAMAGE/INJURY)		ROADWAY SURFACE		
1. On Roadway 2. Off Roadway 3. Public Access Lot		A. 1. DRY 2. WET 3. SNOW/ICE 4. SLUSH 5. MUDDY		A 16		
4		TYPE OF ACCIDENT COLLISION WITH -		B. 1. ASPHALT 2. CONCRETE 3. GRAVEL 4. OTHER*		
1. Other Motor Vehicle 2. Pedestrian 3. Bicyclist 4. Animal (other than deer) 5. Railroad Train 10. Other Object/Not Fixed* COLLISION WITH FIXED OBJECT -		1. Straight & Level 2. Straight & Grade 3. Straight & Hillcrest 4. Curve & Level 5. Curve & Grade 6. Curve & Hillcrest		B 17		
1st Event		11. Light Support/Utility Pole 12. Guard Rail 13. Crash Cushion 14. Sign Post 15. Building/Wall 16. Building 17. Culvert 18. Fence 19. Bridge Structure 20. Culvert/Head Wall 21. Median Barrier 22. Snow Embankment 23. Earth Embankment/Rock Cut/Ditch 24. Fire Hydrant 25. Guard Rail End Treatment 26. Deer 27. Other Road Object*		WEATHER		
2nd Event		28. Non-Collision - 29. Overturned 30. Fire/Explosion 31. Submergence 34. Ran Off Roadway (Only) 40. Other		1. Clear 2. Rain 3. Snowing 4. Fog/Smog/Smoke 5. Sleet/Hail 6. Cloudy		
1 #1		APPEARANT CONTRIBUTING FACTORS (HUMAN)		ROADWAY CHARACTER		
2 #2		1. Unsafe Speed 2. Failed To Yield Right Of Way 3. Following Too Close 4. Improper Passing 5. Obstructed Traffic Controls 6. Turning Improperly 7. Alcohol Involvement 8. Drug Involvement 9. Sick 10. Fell Asleep 11. Lost Consciousness 12. Driver Inattention* 13. Distraction* 14. Physical Disability* 15. Others* 16. None Detected		1. Straight & Level 2. Straight & Grade 3. Straight & Hillcrest 4. Curve & Level 5. Curve & Grade 6. Curve & Hillcrest		
3 #1		APPEARANT CONTRIBUTING FACTORS (VEHICULAR)		LIGHT CONDITIONS		
4 #2		1. Brake Defective 2. Headlights Defective 3. Other Lighting Defects 4. Steering Failure 5. Tire Failure/Inadequate 6. Low Head Defective 7. Over Or Improper Load 8. Oversized Load On Veh. 9. Other* 10. None Detected		1. Daylight 2. Dawn 3. Dusk 4. Darkness - Highway Lighted On 5. Darkness - Highway Lighted Off 6. Darkness - Highway Not Lighted		
5 #1		APPEARANT CONTRIBUTING FACTORS (ENVIRONMENTAL)		PEDESTRIAN ACTION		
6 #2		1. Animal's Action 2. Glass 3. View Obstructed/Limited* 4. Debris In Roadway 5. Impaired/Non-Working Traffic Controls* 6. Shoulders Defective 7. Holes/Deep Ruts/Bumps 8. Road Under Construction 9. Improperly Parked Vehicle(s) 10. Fossil Object(s) 11. Slippery Surface* 12. Water Pooling* 13. Other* 14. None Detected		1. At Intersection 2. Crossing With Signal 3. Crossing Against Signal 4. Not At Intersection 5. Getting On or Off Vehicle 6. Emerging From Parked Vehicle 7. Walking In Roadway 8. Playing In Roadway 9. Working In Roadway		
7 #1		INVESTIGATOR'S OPINION		DIRECTION OF TRAVEL AT SCENE		
8 #2		A number of codes, especially those involving contributing factors and those factors listed below, are based upon the officer's own personal opinion and not necessarily upon factual evidence. It is important however, that an opinion be based upon the very best evidence possible. ASK QUESTIONS, recheck PHYSICAL EVIDENCE. There may be a combination of contributing factors involved.		1. Not In Roadway 2. Laying In Roadway 3. Darning Into Road 4. Pedestrian Drunk 5. Pedestrian Drug Related 6. Pedestrian Jogging 7. Physical Impairment* 8. Dark Clothing/Not Visible 9. In Crosswalk		
9 #1		LOCATION OF INJURY (Most Severe)		WAS DRIVER SUSPECTED OF DRINKING		
10 #2		1. Head/Face 2. Neck 3. Chest 4. Back 5. Abdomen/Pelvis 6. Arms/Hands 7. Legs/Feet 8. Multiple - Entire Body 9. None		1. YES 2. NO		
11 #1		CLASSIFICATION OF INJURY		METHOD OF DETERMINATION		
12 #2		1. Fatal 2. Incapacitating 3. Non-Incapacitating 4. Possible Injury 5. None Detected		1. Evidential Test 2. PBT 3. Field Sobriety Test 4. Observation 5. Other*		
13 #1		EXTRICATION		WHICH VEHICLE OCCUPIED		
14 #2		1. Yes 2. No		1. 10. Motor Vehicles 2. Bicyclist 3. Pedestrian 4. Animal Drawn/Ridden 5. Witness		
15 #1		POSITION IN/ON VEHICLE		SAFETY EQUIPMENT USED		
16 #2		1. Driver 2. 2-7. Passenger 3. Riding/Hanging On Outside		1. Inst./Not In Use 2. Lap Belt 3. Harness/Lap Belt 4. Air Bag 5. Child Safety Seat 6. Helmet 7. Other Passive Restraints 8. Not Installed 9. Harness Only		
17 #1		EJECTION FROM VEHICLE		8		
18 #2		1. Not Ejected 2. Partially Ejected 3. Ejected		1 2 3 4 5 6 7		
19 #1		SEX		SEX		
20 #2		AGE		AGE		
21 #1		SEX		SEX		
22 #2		AGE		AGE		
23 #1		SEX		SEX		
24 #2		AGE		AGE		
25 #1		SEX		SEX		
26 #2		AGE		AGE		
27 #1		SEX		SEX		
28 #2		AGE		AGE		
29 #1		SEX		SEX		
30 #2		AGE		AGE		
31 #1		SEX		SEX		
32 #2		AGE		AGE		
33 #1		SEX		SEX		
34 #2		AGE		AGE		
35 #1		SEX		SEX		
36 #2		AGE		AGE		
37 #1		SEX		SEX		
38 #2		AGE		AGE		
39 #1		SEX		SEX		
40 #2		AGE		AGE		

<p style="text-align: center;">IMPACT CODE</p>  <p>Identify the area of damage by the position of the FIRST IMPACT ONLY for each vehicle. In chain reaction accidents, the vehicle in the center shall show resulting damage to both front (1) and rear (5).</p>	<p>NEW TO ACCIDENT REPORT:</p> <p>One Way Y/N Ramp Y/N From _____ To _____ License Restriction Compliance Y/N Vehicle Model Fire Y/N Overturn Y/N Estimated Travel Speed Between _____ mph and _____ mph Subcompact, Compact, Full Size, Intermediate VIN Hazardous Cargo Y/N Cargo Code Type Cargo Number of Trailers Truck Length _____ ft. _____ in. Truck Width _____ ft. _____ in. Single Unit, Combination Number of Axels Damage to Truck EMS Notification Time EMS Arrival Time EMS Time Arrived at Hospital Type Chemical Test - Breath, Blood, Urine Tested for: Drug, Alcohol</p>
<p style="text-align: center;">CODE OF INJURY</p> <ol style="list-style-type: none"> FATAL INJURY - Any injury which results in death. INCAPACITATING INJURY - Any minor injury other than fatal which prevents normal activities and generally requires hospitalization. NON-INCAPACITATING INJURY - Any injury not incapacitating but evident to others at the scene. POSSIBLE INJURY - No visible injury but complaint of pain or momentary unconsciousness. NO INJURY - No indication of injury. (Refer to training manual for injury details) 	<p>NEW TO COVER CODE SHEET:</p> <p>Block 3 - Code 3 Block 4, 5, & 6 - Code 25 Block 15 - Code 8 Block 20 - Code 14 Block 22 - Code 12 - 18</p> <p>New Blocks:</p> <p>33 - Extrication 1-Yes 2-No</p> <p>34 & 35 - Was Driver Suspected of Drinking 1-Yes 2-No</p> <p>36 & 37 - Method of Determination</p> <ol style="list-style-type: none"> Evidence Test PBT Field Sobriety Test Observation Other
<p style="text-align: center;">SPECIAL ATTENTION</p> <ol style="list-style-type: none"> Review your report for completeness. Make sure your Agency ID number is included. List any citations and/or arrests, and make sure "Kentucky Revised Statutes" number is appropriate for the offense charged. Make sure your citation or case number is included. Anywhere there is an asterisk (*) used or no code for any other pertinent data describe in opinion space. 	<p>NEW TO SUPPLEMENT:</p> <p>Local Code Additional Passenger/Witness Lines</p>

CITATION NO. _____

VEH. 1

VEH. 2

R.S. OR ORD. NO. _____

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC ACCIDENT REPORTInvestigating Agency: ☐ State Police ☐ Sheriff
☐ City Police ☐ Other

* 4 7 8 2 0 0 1 *

Photographs Made: ☐ Yes ☐ No Hit and Run: ☐ Yes ☐ No

TIME	DATE OF ACCIDENT	19	DAY OF WEEK	HOUR	D.O.T.D. Property Damage
	Parish where accident occurred _____ City, Town _____				<input type="checkbox"/> Yes
	Accident occurred on _____				
	Troop Number or District and Zone _____				
LOCATION	Name of St., Parish Rd., or Hwy. No. (U.S. or State) _____ Milepost _____				
	On Interchange, Identify Quadrant NE SE NW SW				
	At its intersection with _____				
	Relative to its intersection with _____ feet _____ of _____				
Not at intersection _____ tenths of mile _____ of _____					
Name of Intersecting St., Parish Rd., or Hwy. No. (U.S. or State) _____					
Intersecting Street or Highway _____					
Street or Highway _____					

Investigative Agency Number	4782001
DO NOT WRITE IN THIS BLANK	
SA-10 FURNISHED TO: YES NO	
DRIVER 1 <input type="checkbox"/> <input type="checkbox"/>	
DRIVER 2 <input type="checkbox"/> <input type="checkbox"/>	
Carrying Hazardous Material: YES NO	
VEH. YES NO	
CATEGORY	
RELEASED YES NO	
1 <input type="checkbox"/> <input type="checkbox"/>	
2 <input type="checkbox"/> <input type="checkbox"/>	

Louisiana

STATE COMPUTER NUMBER

TOTAL NUMBER VEHICLES INVOLVED	Year	Make	Model/No. Doors	No. Axles	Tires	V.I.N.
	Vehicle Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Removed By	License Plate	Year	State	Type
	Trailer Description	Year	Make	Type	License Plate	Year
	Insurance Co. Name (NOT Agency Name)	Policy Number	Expiration Date	Points of Impact	1st	2nd
VEHICLE 1	Registered Owner's Name and Address _____ Date of Birth _____					
	Driver's Name and Address (Unless Same) _____					
	Dr. License State _____ Class _____ Number _____ Date of Birth _____ Number Injured _____					
	Occupant's Names and Addresses _____					

CODES	AREA DAMAGED	SCALE	POSITION	EJECTION	SEAT BELT/SH. HARNESS	SAFETY DEVICES	INJURY
		1 Light 2 Moderate 3 Heavy 4 Total 5 Fire 6 Submerged N Under-carriage	1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 Occup. of Spec. Veh. 8 Unknown	1 Not Ejected 2 Partially Eject. 3 Totally Ejected 4 Unknown If Eject.	1 Belt/Harness Not Installed 2 Only Belt Installed, Not Used 3 Belt/Harness Installed, Not Used 4 Belt Used, Harness Not Installed 5 Belt Used, Harness Not Used 6 Belt/Harness Used 7 Belt use unknown, Harness not inst 8 Belt/Harness Use Unknown 9 Belt and/or Harness Failed	1 Air Bags 2 Passive Restraints 3 Child Restraints 4 Helmet & Face Shield 5 Helmet Only 6 Eye Protection Only 7 None	1 Fatal 2 Critical Non-Fatal 3 Serious Non-Fatal 4 Severe 5 Moderate 6 Minor 7 No Injury

VEHICLE 2	Year	Make	Model/No. Doors	No. Axles	Tires	V.I.N.
	Vehicle Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Removed By	License Plate	Year	State	Type
	Trailer Description	Year	Make	Type	License Plate	Year
	Insurance Co. Name (NOT Agency Name)	Policy Number	Expiration Date	Points of Impact	1st	2nd
PEDESTRIAN	Registered Owner's Name and Address _____ Date of Birth _____					
	Driver's Name and Address (Unless Same) _____					
	Dr. License State _____ Class _____ Number _____ Date of Birth _____ Number Injured _____					
	Occupant's Names and Addresses _____					

EMERGENCY SERVICES	Name and Address _____					
	Clothing: <input type="checkbox"/> Light <input type="checkbox"/> Dark					
	Age _____ Inj. _____					
	Available: <input type="checkbox"/> Yes <input type="checkbox"/> No					
ALCOHOL TEST	Called By _____ At _____ Arrived _____ Departed _____ Special Equipment Needed _____					
	Available: <input type="checkbox"/> Yes <input type="checkbox"/> No					
	SOURCE OF FIRST AID AVAILABLE					
	1 <input type="checkbox"/> Dr. or Nurse 2 <input type="checkbox"/> Cert. Pol. Ofc. 3 <input type="checkbox"/> EMT 4 <input type="checkbox"/> Other 5 <input type="checkbox"/> None					

ALCOHOL TEST	ALCOHOL TEST		VIDEO TAPES		TIME		INVESTIGATING OFFICER	
	RESULTS		PENDING NO		Notified of Accident		Officer's Signature	
	Dr. 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		Arrived at Scene		Rank & Name	
	Dr. 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		Investigation Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No		Badge No. Dept. Date	

DPSSP 3116 (R 11/91)

9 608

Original size document - 8-1/2 X 11

VIOLATIONS (Check One Per Column)		MOVEMENT PRIOR TO ACCIDENT (Check One Per Column)		VISION OBSCUREMENT (Check One Per Column)		CONDITION OF DRIVERS AND PEDESTRIAN (Check One Per Column)		PEDESTRIAN ACTIONS (Check One)		TRAFFIC CONTROL CONDITIONS (Check One Per Column)	
A	Exceeding stated speed limit	A	Stopped	A	Rain, snow, etc. on windshield	A	1 2 Apparently asleep	A	Crossing, entering road at intersection	A	1 Controls functioning
B	Exceeding safe speed limit	B	Proceeding straight ahead	B	Windshield otherwise obscured	B	1 2 Intoxicated or drugged	B	Crossing, entering road not at intersection	B	2 Controls not functioning
C	Following too closely	C	Traveling wrong way	C	Visor obscured by lead	C	1 2 Stupefied or dazed	C	Stopping in road - with traffic	C	Controls obscured
D	Driving left of center	D	Backing	D	Shades, curtains, etc.	D	1 2 Stupefied or dazed	D	Stopping in road - against traffic	D	Lane marking unclear or defective
E	Cutting in, improper passing	E	Crossed median into opposing lane	E	Smoking	E	1 2 Stupefied or dazed	E	Backing in road	E	No controls
F	Failure to signal	F	Crossed center line into opposing lane	F	Blindfolded	F	1 2 Stupefied or dazed	F	Backing in road - against traffic	F	Condition unknown
G	Made wide right turn	G	Non off road (not while making turn at intersection)	G	Sign boards	G	1 2 Stupefied or dazed	G	Backing in roadway		
H	Out center on left turn	H	Changing lanes on multi-lane road	H	Reflectors	H	1 2 Stupefied or dazed	H	Backing in roadway	ALIGNMENT (Check One)	
I	Turned from wrong lane	I	Making left turn	I	Blacked out	I	1 2 Stupefied or dazed	I	Backing in roadway	A	Straight-level
J	Other improper turning	J	Making right turn	J	Blacked out	J	1 2 Stupefied or dazed	J	Backing in roadway	B	Curve-level
K	Disregarded traffic control	K	Stopped preparing to, or making U-turn	K	Blacked out	K	1 2 Stupefied or dazed	K	Backing in roadway	C	On grade-straight
L	Improper starting	L	Making left turn	L	Blacked out	L	1 2 Stupefied or dazed	L	Backing in roadway	D	On grade-curve
M	Improper parking	M	Stopped, preparing to turn left	M	Blacked out	M	1 2 Stupefied or dazed	M	Backing in roadway	E	Hillcrest-straight
N	Failed to cut out flags, flares	N	Stopped, preparing to turn right	N	Blacked out	N	1 2 Stupefied or dazed	N	Backing in roadway	F	Hillcrest-curve
O	Pulled to side headlights	O	Stopped, preparing to turn left	O	Blacked out	O	1 2 Stupefied or dazed	O	Backing in roadway	G	Dip, hump-straight
P	Vehicle condition	P	Stopped, preparing to turn right	P	Blacked out	P	1 2 Stupefied or dazed	P	Backing in roadway	H	Dip, hump-curve
Q	Driver condition	Q	Stopped, preparing to turn left	Q	Blacked out	Q	1 2 Stupefied or dazed	Q	Backing in roadway	I	Other or unknown
R	Other (hazardous) or unknown violations	R	Stopped, preparing to turn right	R	Blacked out	R	1 2 Stupefied or dazed	R	Backing in roadway		
T	No violations	T	Stopped, preparing to turn left	T	Blacked out	T	1 2 Stupefied or dazed	T	Backing in roadway	TRAFFIC CONTROL (Check One Per Column)	
			Stopped, preparing to turn right		Blacked out		1 2 Stupefied or dazed		Backing in roadway	A	Stop sign
			Stopped, preparing to turn left		Blacked out		1 2 Stupefied or dazed		Backing in roadway	B	Yield sign
			Stopped, preparing to turn right		Blacked out		1 2 Stupefied or dazed		Backing in roadway	C	Red signal on
			Stopped, preparing to turn left		Blacked out		1 2 Stupefied or dazed		Backing in roadway	D	Yellow signal on
			Stopped, preparing to turn right		Blacked out		1 2 Stupefied or dazed		Backing in roadway	E	Green signal on
			Stopped, preparing to turn left		Blacked out		1 2 Stupefied or dazed		Backing in roadway	F	Green turn arrow on
			Stopped, preparing to turn right		Blacked out		1 2 Stupefied or dazed		Backing in roadway	G	Green turn arrow on
			Stopped, preparing to turn left		Blacked out		1 2 Stupefied or dazed		Backing in roadway	H	Red light on
			Stopped, preparing to turn right		Blacked out		1 2 Stupefied or dazed		Backing in roadway	I	Yellow light on
			Stopped, preparing to turn left		Blacked out		1 2 Stupefied or dazed		Backing in roadway	J	Green light on
			Stopped, preparing to turn right		Blacked out		1 2 Stupefied or dazed		Backing in roadway	K	Yellow light on
			Stopped, preparing to turn left		Blacked out		1 2 Stupefied or dazed		Backing in roadway	L	Green light on
			Stopped, preparing to turn right		Blacked out		1 2 Stupefied or dazed		Backing in roadway	M	Yellow light on
			Stopped, preparing to turn left		Blacked out		1 2 Stupefied or dazed		Backing in roadway	N	Green light on
			Stopped, preparing to turn right		Blacked out		1 2 Stupefied or dazed		Backing in roadway	O	Yellow light on
			Stopped, preparing to turn left		Blacked out		1 2 Stupefied or dazed		Backing in roadway	P	Green light on
			Stopped, preparing to turn right		Blacked out		1 2 Stupefied or dazed		Backing in roadway	Q	Yellow light on
			Stopped, preparing to turn left		Blacked out		1 2 Stupefied or dazed		Backing in roadway	R	Green light on
			Stopped, preparing to turn right		Blacked out		1 2 Stupefied or dazed		Backing in roadway	S	Yellow light on
			Stopped, preparing to turn left		Blacked out		1 2 Stupefied or dazed		Backing in roadway	T	Green light on
			Stopped, preparing to turn right		Blacked out						

CITATION NO.		VEH. 3	VEH. 4	VEH. 5	R. S. OR ORD. NO.	SUPPLEMENTAL REPORT										STATE COMPUTER NUMBER	
Investigating Agency: <input type="checkbox"/> State Police <input type="checkbox"/> Sheriff <input type="checkbox"/> City Police <input type="checkbox"/> Other						SR-10 FURNISHED TO: <input type="checkbox"/> Driver 3 <input type="checkbox"/> Driver 4 <input type="checkbox"/> Driver 5										Carrying Hazardous Materials: VEH. YES NO CATEGORY	
DATE OF ACCIDENT						19		DAY OF WEEK		HOUR		3		4		5	
LOCATION						Parish where accident occurred _____ City, Town _____										Investigative Agency Number	
Accident occurred on _____						Name of St., Parish Rd., or Hwy. No (U.S. or State) Milepost											
Name of St., Parish Rd., or Hwy. No (U.S. or State) Milepost						RELEASED VEH. 3 YES NO VEH. 4 YES NO VEH. 5 YES NO											
TOTAL NUMBER VEHICLES INVOLVED		Year Make Model/No. Doors No. Axles Tires V.I.N.															
VEHICLE 3		Vehicle Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		Removed By		License Plate		Year		State		Type		Number			
		Trailer Description		Year		Make		Type		License Plate		Year		State		Number	
		Insurance Co. Name (NOT Agency Name) Policy Number Expiration Date														Points of Impact	
		Registered Owner's Name and Address Date of Birth														Damage Scale	
		Driver's Name and Address (Unless Same)														Damage Scale	
VEHICLE 4		Vehicle Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		Removed By		License Plate		Year		State		Type		Number			
		Trailer Description		Year		Make		Type		License Plate		Year		State		Number	
		Insurance Co. Name (NOT Agency Name) Policy Number Expiration Date														Points of Impact	
		Registered Owner's Name and Address Date of Birth														Damage Scale	
		Driver's Name and Address (Unless Same)														Damage Scale	
VEHICLE 5		Vehicle Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		Removed By		License Plate		Year		State		Type		Number			
		Trailer Description		Year		Make		Type		License Plate		Year		State		Number	
		Insurance Co. Name (NOT Agency Name) Policy Number Expiration Date														Points of Impact	
		Registered Owner's Name and Address Date of Birth														Damage Scale	
		Driver's Name and Address (Unless Same)														Damage Scale	
EMERGENCY SERVICES		VEH. 3		VEH. 4		VEH. 5		PED.		Refused Aid		First Aid Given By		Injured Taken To/By			
		VEH. 3		VEH. 4		VEH. 5		PED.		Refused Aid		First Aid Given By		Injured Taken To/By			
		VEH. 3		VEH. 4		VEH. 5		PED.		Refused Aid		First Aid Given By		Injured Taken To/By			
		VEH. 3		VEH. 4		VEH. 5		PED.		Refused Aid		First Aid Given By		Injured Taken To/By			
		VEH. 3		VEH. 4		VEH. 5		PED.		Refused Aid		First Aid Given By		Injured Taken To/By			
ALCOHOL TEST		YES		RESULTS		PENDING		NO		Officer's Signature		INVESTIGATING OFFICER					
		Dr. 3								Rank & Name		Badge No. Dept. Date					
		Dr. 4															
		Dr. 5															
		Ped.															

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC ACCIDENT REPORT

VIOLATIONS (Check One Per Column) 3 4 5 A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Exceeding stated speed limit B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Exceeding safe speed limit C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Failure to yield D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Following too closely E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Driving left of center F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cutting in, improper passing G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Failure to signal H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Made wide right turn I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cut corner on left turn J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Turned from wrong lane K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other improper turning L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Disregarded traffic control M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Improper starting N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Improper parking O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Failed to set out flags, flares P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Failed to dim headlights Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vehicle condition R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Driver condition S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (hazardous) or unknown violations T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No violations	MOVEMENT PRIOR TO ACCIDENT (Check One Per Column) 3 4 5 A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stopped B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proceeding straight ahead C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Traveling wrong way D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Backing E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Crossed median into opposing lane F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Crossed center line into opposing lane G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ran off road (not while making turn at intersection) H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Changing lanes on multi-lane road I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Making left turn J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Making right turn K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stopped preparing to, or making U-turn L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Making turn, direction unknown M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stopped, preparing to turn left N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stopped, preparing to turn right O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Slowing to make left turn P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Slowing to make right turn Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Slowing to stop R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Properly parked S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Parking maneuver T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Entering traffic from shoulder U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Entering traffic from median V <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Entering traffic from parking lane W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Entering traffic from private lane X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Entering freeway from on ramp Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Leaving freeway via off ramp Z <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other or unknown	VISION OBSCUREMENTS (Check One Per Column) 3 4 5 A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rain, snow, etc. on windshield B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Windshield otherwise obscured C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vision obscured by load D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trees, bushes, etc. E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Building F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Embankment G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sign boards H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hillcrest I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Parked vehicles J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Moving vehicles K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Blinded by headlights L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Blinded by sun glare M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Distracted by neon lights in field of view N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other or unknown O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No obscurements	VEHICLE LIGHTING (Check One Per Column) 3 4 5 A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Headlights on B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Headlights off C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown	TRAFFIC CONTROL CONDITIONS (Check One Per Column) 3 4 5 A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Controls functioning B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Controls not functioning C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Controls obscured D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lane marking unclear or defective E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No controls F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Condition unknown	
REASON FOR MOVEMENT (Check One Per Column) 3 4 5 A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> To avoid other vehicle B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> To avoid pedestrian C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> To avoid animal D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> To avoid other object E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Passing F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vehicle out of control, not passing G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vehicle out of control, passing H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> For traffic control I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Due to congestion J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Due to prior accident (collision) K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Due to driver condition L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Due to driver violation M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Due to vehicle condition (failure) N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Due to pavement condition O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High wind P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Normal movement Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reason unknown R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other	VEHICLE CONDITION (Check One Per Column) 3 4 5 A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Defective brakes B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Defective headlights C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Defective rear lights D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Defective signal lights E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> All lights out F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Defective steering G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tire failure H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Worn or smooth tires I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Engine failure J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Defective suspension K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No defects observed L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other or unknown defects				
PEDESTRIAN ACTIONS (Check One) A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Crossing, entering road at intersection B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Crossing, entering road not at intersection C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Walking in road - with traffic D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Walking in road - against traffic E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sleeping in roadway F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Standing in roadway G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Getting on or off other vehicle H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pushing, working on vehicle in road I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other working in roadway J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Playing in roadway K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other in roadway L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not in roadway or unknown - explain M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not applicable					TRAFFIC CONTROL (Check One Per Column) 3 4 5 A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stop sign B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yield sign C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Red signal on D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yellow signal on E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Green signal on F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Green turn arrow on G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Right turn on red H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Light phase unknown I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flashing yellow J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flashing red K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Officer, watchman L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RRI crossing, sign M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RRI crossing, signal N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RRI crossing, no control O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Warning sign (school, etc.) P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> School flashing speed sign Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yellow no passing line R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> White dashed line S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No control T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other or unknown U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yellow dashed line V <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Blue lane

PEDES- TRIAN	Name and Address _____	Clothing: <input type="checkbox"/> Light <input type="checkbox"/> Dark	Race _____	Sex _____	Age _____	Ht. _____
VEH	DIRECTION BEFORE ACCIDENT	OBJECT STRUCK (NOT VEHICLE)	FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED	SKIDMARK DATA
	Headed _____	On Street or Highway _____	1st _____ 2nd _____	_____	EST. _____ POSTED _____	FR _____ FL _____ RR _____ RL _____
3			*			
4						
5						

ADDITIONAL TRUCK/BUS INFORMATION

THIS SECTION IS TO BE COMPLETED FOR EACH VEHICLE IN ACCIDENT MEETING BOTH CRITERIA 1 AND 2 BELOW

1. The accident involved a commercial use vehicle with at least two axles and six tires or requiring/displaying a hazardous materials placard, or designed to carry more than 15 passengers, including driver.
2. The accident resulted in one or more fatalities, one or more persons injured and taken from the scene for immediate medical attention, or one or more vehicles involved in the accident had to be towed from the scene as a result of disabling damage.

VEHICLE # _____ <div style="display: flex; justify-content: space-between;"> <div> <u>Gross Vehicle Weight Rating</u> _____ lbs. </div> <div> <u>Hazardous Materials</u> Placard # _____ </div> <div> List the 1-digit number from the bottom of the placard. _____ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>US DOT # _____</div> <div>ICC MC # _____</div> <div>L.A. P.S.C. # _____</div> </div> <div style="margin-top: 10px;"> Carrier's Name _____ <div style="display: flex; justify-content: space-between;"> <div>Carrier's Address, Street or P.O. Box _____</div> <div>City _____</div> <div>State _____</div> <div>Zip Code _____</div> </div> <div style="margin-top: 10px;"> Source of Carrier's Name (check one) <input type="checkbox"/> Bingo/Cab Card <input type="checkbox"/> Registration <input type="checkbox"/> Driver <input type="checkbox"/> Shipping Papers <input type="checkbox"/> Vehicle Side </div> </div>	DRIVER QUALIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No DRIVER'S LICENSE ENDORSEMENTS/RESTRICTIONS <u>Check Appropriate Blocks</u> P <input type="checkbox"/> Passenger H <input type="checkbox"/> Hazmat N <input type="checkbox"/> Tanker T <input type="checkbox"/> Double/Triples X <input type="checkbox"/> Hazmat Tanker K <input type="checkbox"/> Interstate Only L <input type="checkbox"/> Airbrakes VEHICLE CONFIGURATION A <input type="checkbox"/> Bus B <input type="checkbox"/> Single-unit truck 2 axles 6 tires C <input type="checkbox"/> Single-unit truck 3 or more axles D <input type="checkbox"/> Truck/trailer E <input type="checkbox"/> Truck tractor (bobtail) F <input type="checkbox"/> Tractor/semi-trailer G <input type="checkbox"/> Tractor/doubles H <input type="checkbox"/> Tractor/triples I <input type="checkbox"/> Unknown heavy truck
---	--

STATE COMPUTER NUMBER

Investigative Agency Number

Louisiana

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

DATE _____

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC ACCIDENT REPORT
SUPPLEMENTAL REPORT

STATE COMPUTER NUMBER

Investigating Agency ☐ State Police ☐ Sheriff
☐ City Police ☐ Other

Investigative Agency Number

TIME LOCATION	DATE OF ACCIDENT	19	DAY OF WEEK	HOUR	DO NOT WRITE IN THIS BLOCK
	Parish where Accident occurred _____ City, Town _____				
	Accident occurred on _____				
	<small>Name of St., Parish Rd., or Hwy. No. (U.S. or State)</small> <small>Highway</small>				

DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH THE ACCIDENT, WITNESSES NAMES, ADDRESSES, ETC. (REFER TO EACH VEHICLE BY NO.)

INVESTIGATING OFFICER'S SIGNATURE

DATE

Louisiana

INSTRUCTIONS THIS FORM MUST BE USED WHEN THERE ARE MORE THAN THE OPERATOR AND 3 OCCUPANTS IN ANY ONE VEHICLE WHICH IS INVOLVED IN A COLLISION. THIS FORM RECORDING THE ADDITIONAL OCCUPANTS MUST BE ATTACHED TO THE ORIGINAL ACCIDENT REPORT AND BOTH DOCUMENTS SUBMITTED AT THE SAME TIME.	STATE OF LOUISIANA Uniform Motor Vehicle Traffic Accident Report SUPPLEMENTAL REPORT ADDITIONAL OCCUPANTS ONLY		Investigative Agency Supplemental Number	Officer Must Insert The Original State Computer Number
	Investigating Agency	<input type="checkbox"/> State Police <input type="checkbox"/> City Police	<input type="checkbox"/> Sheriff <input type="checkbox"/> Other	

		NAME AND ADDRESS										Post- Box	Cyber- Box	Ball Box	Ref. Div.	Box	Age	Tr- jury
ADDITIONAL OCCUPANTS VEHICLE NO. _____	{																	
ADDITIONAL OCCUPANTS VEHICLE NO. _____	{	NAME AND ADDRESS																
ADDITIONAL OCCUPANTS VEHICLE NO. _____	{	NAME AND ADDRESS																
ADDITIONAL OCCUPANTS VEHICLE NO. _____	{	NAME AND ADDRESS																

Louisiana

BLANK

TRAFFIC ACCIDENT REPORT CODING GUIDE

TYPE LOCATION	
1 Straight Road	6 Driveways
2 Curved Road	7 Bridges
3 Three Leg Inter	8 Interchanges
4 Four Leg Inter	9 Other
5 Five Leg Inter	

TYPE ACCIDENT	
1 Object in Road	9 Bike
2 Rear End/Sideswipe	10 Other
3 Head-on/Sideswipe	11 Jackknife
4 Intersection Movement	12 Rollover
5 Pedestrians	13 Fire
6 Train	14 Submersion
7 Ran Off Road	15 Rock Thrown
8 Animal	

FIXED OBJECT STRUCK (IF APPLICABLE)	
1 Construction Barriers	11 Crash Cushion
2 Traffic Signal	12 Median Safety Barrier
3 R.R. Crossing Device	13 Bridge Piers (incl. Protective Guardrails)
4 Light Pole	14 Other Guardrails
5 Utility Pole (Tel./Electrical)	15 Fencing (Not Median Barrier)
6 Sign Structure Post	16 Culvert Headwall
7 Mail Boxes or Posts	17 Embankment, Ditch, Curb
8 Other poles, posts, supports	18 Building, Wall
9 Fire Hydrant/Parking Meter	19 Rock Outcrops - Ledge
10 Tree - Shrubbery	20 Other

OTHER PROPERTY DAMAGED	
1 State Property	3 Other (Private)
2 Unlabeled Property	4 Unknown

TRAFFIC CONTROL DEVICE	
1 Traffic Signals (Stop & Go)	8 Officer, Flagman, School Patrol
2 Traffic Signals (Flashing)	9 School Bus Stop Arm
3 Overhead Flashers	10 School Zone Sign
4 Stop Signs - All approaches	11 R.R. Crossing Device
5 Stop Sign - Other	12 No Passing Zone
6 Yield Sign	13 None
7 Curve Warning Sign	14 Other

LIGHT	
1 Dawn (Morning)	5 Dark (No Street Lights)
2 Daylight	6 Dark (Street Lights Off)
3 Dusk (Evening)	7 Other
4 Dark (Street Lights On)	

WEATHER - ATMOSPHERE	
1 Clear	6 Severe Cross Winds
2 Rain	7 Blowing Sand or Dust
3 Snow	8 Cloudy
4 Sleet, Hail, Freezing Rain	9 Other
5 Fog, Smog, Smoke	

ROAD SURFACE	
1 Dry	6 Debris
2 Wet	7 Oil
3 Snow, Slush - Sanded	8 Snow, Slush - Not Sanded
4 Ice, Packed Snow - Sanded	9 Ice, Packed Snow - Not Sanded
5 Muddy	10 Other

ROAD CHARACTER	
1 Level Straight	5 Top of Hill Straight
2 Level Curved	6 Top of Hill Curved
3 On Grade Straight	7 Bottom of Hill Straight
4 On Grade Curved	8 Bottom of Hill Curved

ROAD WORK	
1 None	3 Maintenance Area
2 Construction Zone	4 Utility Work Area

SPEED LIMIT	
1 Not Posted - 25 Zone	2 Posted - Code Posted Limit
2 Not Posted - 45 Zone	3 Unknown

EMERGENCY VEHICLE INVOLVED	
1 No	4 Fire Dept. Veh.
2 Police Vehicle	5 Wrecker (Enroute To or At Scene)
3 Ambulance	6 Other

TYPE INJURY (MOST SEVERE)	
1 Amputation	6 Shock
2 Bleeding	7 Dizziness
3 Broken Bones	8 Abrasion/Scrub
4 Burns	9 Complaint of Pain
5 Concussion	10 Other

AREA OF INJURY (MOST SEVERE)	
1 Face	6 Leg(s)
2 Head	7 Chest Stomach
3 Neck	8 Internal
4 Back	9 Entire Body
5 Arm(s)	10 Other

PRE-ACCIDENT ACTIONS - MANEUVERS	
BY VEHICLE	BY PEDESTRIAN
1 Following Roadway	41 Crossing With Signal
2 Wrong Way into Opposing Traffic	42 Crossing Against Signal
3 Right Turn On Red	43 Crossing Marked Crosswalk - No Signal
4 Left Turn On Red	44 Crossing - No Signal or Crosswalk
5 Making Right Turn	45 Waiting in Road with Traffic
6 Making Left Turn	46 Waiting in Road Against Traffic
7 Making U-Turn	47 Standing in Road
8 Starting From Parked	48 Emerging from behind Parked Car
9 Stopping in Traffic	49 Child Getting On-Off School Bus
10 Slowing in Traffic	50 Getting On-Off Vehicle
11 Stopped in Traffic	51 Pushing or Working on Vehicle
12 Entering Parked Position	52 Working in Road
13 Parked - Legally	53 Playing in Road
14 Parked - Illegally	54 Not in Road
15 Avoiding Vehicle, Object, Pedestrian	60 Other Pedestrian Action
16 Animal in Roadway	99 Unknown
17 Sliding	BY BICYCLIST
18 Changing Lanes	71 Riding with Traffic
19 Overtaking, Passing	72 Riding Against Traffic
20 Merging	73 Making Right Turn
21 Backing	74 Making Left Turn
22 Other Vehicle Action	75 Making U-Turn
99 Unknown	76 Riding Across Road
	77 Slowing, Stopping, Starting in Road
	80 Other Bicyclist Action 99 Unknown

APPARENT CONTRIBUTING FACTORS	
1 No Improper Action	15 Driver Inexperience
2 Fail to Yield Right of Way	16 Pedestrian Violation Error
3 Illegal Unsafe Speed	17 Physical Impairment
4 Follow Too Close	18 Vision Obscured - Windshield Glass
5 Disregard Traffic Control Device	19 Vision Obscured - Sun, Headlights
6 Driving Left of Center - Not Passing	20 Other Vision Obscurement
7 Improper Pass - Overtaking	30 Other Human Violation Factor
8 Improper, Unsafe Lane Change	31 Hit and Run
9 Improper Parking Start Stop	41 Defective Brakes
10 Improper Turn	42 Defective Tire - Tire Failure
11 Unsafe Backing	43 Defective Lights
12 No Signal or Improper Signal	44 Defective Suspension
13 Impeding Traffic	45 Defective Steering
14 Driver Inattention - Distraction	50 Other Vehicle Defect or Factor
	51 Unknown

APPARENT PHYSICAL CONDITION	
1 Normal	6 Fatigued
2 Under the Influence	7 Ill
3 Had Been Drinking	8 Handicapped
4 Had Been Using Drugs	9 Other
5 Asleep	

ALCOHOL RELATED	
This accident should be considered alcohol related	
1 - Yes	2 - No

HAZARDOUS MATERIALS	
1 None Involved	2 Involved Include Type in Description

SAFETY EQUIPMENT USAGE	
1 Restraining Device Installed - Used	2 Restraining Device Installed - Not Used
3 Restraining Device Not Installed	4 Child Restraint Used
5 Air Bags Deployed	6 Unknown
10 Child Restraint Not Used	11 Child Restraint Used Incorrectly
12 Air Bag Deployed & Seat Belts Used	

MOTORCYCLE	
7 Helmet Used	8 Helmet Not Used

INJURY TYPE	
1 Fatal	2 Incapacitating
3 Non-Incapacitating	4 Possible Injury
5 No Injury	

INJURY INFO SOURCE	
1 Officer Observation	2 Individual Statement
3 Medical - Paramedical Personnel	

WHICH VEHICLE OCCUPIED	
1 Veh No 1	21 Bicyclist
2 Veh No 2	22 Witness
3 Veh No 3 (Etc.)	23 Other
20 Pedestrian	24 Last Known Operator

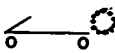


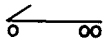
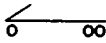
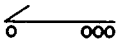
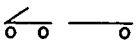
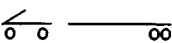
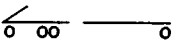

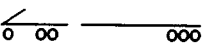
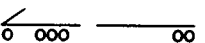
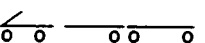
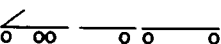
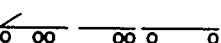

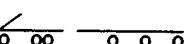

EJECTION FROM VEHICLE	
1 Not Ejected	3 Ejected
2 Partially Ejected	4 Trapped - Extricated

POSITION IN VEHICLE	
STANDARD VEH	MC/BIKE/SNOWMOBILE
1 Driver	9 Driver
2 Passenger	10 Passenger
8 Ride-Hang On Veh	11 Sidecar/Seat Hang On Veh

SEX - 33	
M or F	

AGE - 34	

Vehicle Classification

<u>Vehicle Type</u>	<u>Axle Configuration</u>	<u>Description</u>
10		Truck Tractor (Bobtail)
20		2-Axle Single Unit (6 Tires)
81		2-Axle Bus
30		3-Axle Single Unit
82		3-Axle Bus
40		4-Axle Single Unit
21		3-Axle Semi
22		4-Axle Semi
31		4-Axle Semi
32		5-Axle Semi
33		6-Axle Semi
42		6-Axle Semi
25		5-Axle Twin Trailer
35		6-Axle Twin Trailer
36		7-Axle Twin Trailer
37		5-Axle Semi; Split Trailer Tandem
38		6-Axle Semi; Split Trailer Tandem With Center Axle
39		6-Axle Semi; Standard Trailer Tandem With Center Axle
50		All Other Trucks

Maine

BLANK

State of Maryland Motor Vehicle Accident Report

REPORT NO. 07421551		PAGE OF 2	ACCIDENT DATE	ACCIDENT TIME	REPORT TYPE <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input type="checkbox"/> PDO <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON-TRAFFIC	RESEARCH	PHOTOS <input type="checkbox"/> NO <input type="checkbox"/> YES
INVESTIGATING OFFICER ID		10	AGENCY AND AREA	11	SUPERVISING OFFICER ID	12	REVIEWER ID #
RD CHAR 16		RTE NUM Accident Occurred On 0	ROAD NAME		18	IN LANE 19	TRAF SIG 20
RD COND 24		INT-RTE 0	INTERSECTING ROAD NAME or Log Mile Reference Manual description.		25	MILEPT 26	DIR 27
RD DIV 30		ACCIDENT DIAGRAM Show & Label: Roads, Traffic Units, the Travel Direction consistent with the Log Mile Reference Manual, and Movement of Traffic Units.		31	NORTH: 32	DESCRIBE ACCIDENT briefly: identify units by numbers. Also identify the following a) the OBJECT DAMAGED & NATURE OF DAMAGE (Property other than vehicles) and b) the NAME & ADDRESS OF OWNER when applicable.	
SRF COND 34							
CM ZONE 35							
JUNCTN 36							
EVENT-1 37							
EVENT-2 38							
FIX OBJ 39							
COLL TY 40							
LIGHT 41							
WEATHER 42							
UNIT # 01		NAME (First, Middle, Last)		44	SEX 45	UNIT # 02	
TYPE OF UNIT <input type="checkbox"/> DRIVER <input type="checkbox"/> "PED"		ADDRESS (No., Street, City, State, Zip)		47	TEL <input type="checkbox"/> Work <input type="checkbox"/> Res	NAME (First, Middle, Last)	
MOVEMENT 50		CONDITN 51	SUBST 52	TEST 53	RESULT 54	FOR PEDS ONLY 55	AGE 56
SPEED LIMIT 60		SAF. EQU 61	EQ PROB 62	EJECT 63	CITATION NUMBER (S)	64	FAULT <input type="checkbox"/> NO <input type="checkbox"/> YES
GOING 66		DRIVER'S LICENSE NUMBER		67	STATE 68	CLASS 69	
CONTINU 70		DR DATE OF BIRTH 71	IRREGULAR CONDITION <input type="checkbox"/> PARKED <input type="checkbox"/> CAUGHT FIRE <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERLESS	72	HM SPILL 73	HAZ MAT NUMBER 74	
BODY TY 75		COMMER. VEHICLE ONLY 76	U. S. DOT NUMBER	77	ICC NUMBER	BODY TY 78	
MOST HE 80		OWNER OR CARRIER NAME (Write "SAME" if Driver)		81	TEL <input type="checkbox"/> Work <input type="checkbox"/> Res	CONTTRIB CIRCUM- STANCES 82-1	
YEAR & MAKE OF VEHICLE 82-2		MODEL 85		1st IMPACT PT. 87		TOWED VEH (S) 84	
EXP YR & REGISTR # STATE 89		AREAS DAMAGED 90		INSURER 91		YEAR & MAKE OF VEHICLE 82-2	
VEHICLE ID NUMBER 92		POLICY NUMBER 93		VEHICLE ID NUMBER 92		POLICY NUMBER 93	
DAM EXT 94		VEHICLE REMOVED BY 95		VEHICLE REMOVED TO 96		DAM EXT 94	
TRAFFIC UNIT # 97		SEATING POSITION 98		CODE all injured & uninjured PASSENGERS below. Use "W" for witness in TRAF UNIT and SEAT columns. WRITE NAME & ADDRESS of Injured Passengers and Witnesses.		Witness telephone #.	
SEX 100		AGE 101		SAFETY EQUIP 102		EQUIP PROB. 103	
INJUR SEVER 104		EJECT 105		EHS UNIT 106			
E UNIT M A 107		INJURED TAKEN BY:		INJURED TAKEN TO:		EHS RUN REPORT #	
E UNIT M B 107		INJURED TAKEN BY:		INJURED TAKEN TO:		EHS RUN REPORT #	

MSP FORM #1 (1/93)

MSP - CENTRAL RECORDS DIVISION COPY

Original size document - 8-1/2 X 11

Maryland State Police

**SUPPLEMENT
REPORT**

VICTIM, COMPLAINANT, MISSING PERSON OR ARRESTEE (LAST, FIRST, MIDDLE)

INCIDENT, OFFENSE OR CHARGE ON ORIGINAL REPORT

CORRECT INCIDENT OR OFFENSE CLASS

CHANGED?

MULTIPLE CLEAR-UP

☐ YES

☐ YES

☐ NO

ITEM
NO.

45. Crime Prevention Action Initiated? <input type="checkbox"/> Yes <input type="checkbox"/> No		46. Previous Crime Prevention Survey <input type="checkbox"/> Yes <input type="checkbox"/> No		47. Date Supplemental Report Due	
48. Initial Status <input type="checkbox"/> Open <input type="checkbox"/> Suspended <input type="checkbox"/> Unfounded <input type="checkbox"/> Closed		49. Initial Investigator		I.D. Number	50. Date
51. Supervisor Status <input type="checkbox"/> Agree <input type="checkbox"/> Disagree		52. Recommended To Continue <input type="checkbox"/> Patrol <input type="checkbox"/> Suspend <input type="checkbox"/> Investigation		I.D. Number	54. Date
55. Investigation Supervisor Status <input type="checkbox"/> Patrol <input type="checkbox"/> Investigative		56. Investigation Supervisor		I.D. No.	57. Date
58. Assigned Investigator		59. Date		60. <input type="checkbox"/> NCIC Entered <input type="checkbox"/> NCIC Cleared <input type="checkbox"/> Miles Entered <input type="checkbox"/> Miles Cleared	
61. Final Status (Check One) <input type="checkbox"/> Open <input type="checkbox"/> Suspended <input type="checkbox"/> Closed		62. Classification (Office Use)		63. UCR Disp.	
64. Page Of					

☐ Crime Analysis:

65. Related Report Numbers

MSP FORM NO. 92 REV. 3-83

HEADQUARTER'S COPY

Original size document - 8-1/2 X 11

UNIVERSAL ACCIDENT CODES: 00 Not Applicable 88 Other 99 or UU Unknown

16 ROAD CHARACTER

- 01 Straight & Level
- 02 Straight & Grade
- 03 Straight & Hillcrest
- 04 Curve & Level
- 05 Curve & Grade
- 06 Curve & Hillcrest
- 07 On Bridge

19 IN LANE:

- Direction (Pos. 1)
 - N North
 - E East
 - S South
 - W West
 - P Parking
- Number (Pos. 2)
 - # (Lane #: 0 thru 9)
 - R Right Turn
 - L Left Turn
 - A Acceleration
 - D Deceleration
 - S Shoulder
 - X Crossover
 - O Off Road
 - G Gore
 - M Median
 - L (Parking) Lot

24 ROAD CONDITION

- 01 No Defects
- 02 Shoulder Defect
- 03 Holes, Ruts, Etc.
- 04 Foreign Material
- 05 Loose Surface Material
- 06 Obstruction Not Lighted
- 07 Obstruct. Not Signaled
- 08 View Obstructed

30 ROAD DIVISION

- 01 Not Divided
- 02 One Way Road or Street
- 03 Divided: Median strip without Barrier
- 04 Divided: Median strip with Barrier

34 SURFACE CONDITION

- 01 Wet
- 02 Dry
- 03 Snow
- 04 Ice
- 05 Mud

36 JUNCTION RELATIONSHIP

- 01 Non-intersection
- 02 Intersection
- 03 Intersection Related
- 04 Driveway Access

37 HARMFUL EVENT-1

38 HARMFUL EVENT-2

Collision With:

- 01 Other Motor Vehicle in Transport
- 02 Parked Motor Vehicle
- 03 Pedestrian
- 04 Bicycle
- 05 Other Pedalcycle
- 06 Other Conveyance
- 07 Railway Train
- 08 Animal
- 09 Fixed Object
- 10 Other Object

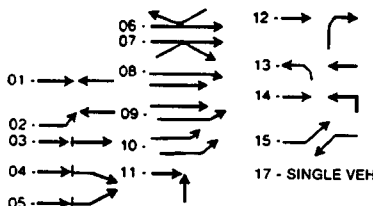
Non-collision:

- 11 Overtake
- 12 Spilled Cargo
- 13 Jackknife
- 14 Separation of Units
- 15 Other Non-Collision

39 FIXED OBJECT-STRUCK

- 01 Bridge-Overpass
- 02 Building
- 03 Culvert-Ditch
- 04 Curb
- 05 Guardrail-Barrier
- 06 Embankment
- 07 Fence
- 08 Light Support Pole
- 09 Sign Support Pole
- 10 Other Pole
- 11 Tree-Shrubby
- 12 Construction Barrier
- 13 Crash Attenuator

40 COLLISION TYPE (Veh-to-Veh)



41 LIGHT

- 01 Daylight
- 02 Dawn or Dusk
- 03 Dark: Street Lights On
- 04 Dark: No Street Lights

42 WEATHER

- 01 Clear or Cloudy
- 02 Foggy
- 03 Raining
- 04 Snow or Sleet
- 05 Severe winds

45 SEX

- 01 Male
- 02 Female

48 INJURY

- 01 Not injured/not known
- 02 Possible injury
- 03 Inj.—not incapacitated
- 04 Disabled (Incapacitated)
- 05 Fatal

50 MOVEMENT

Vehicle Movement

- 01 Moving Constant Speed
- 02 Accelerating
- 03 Slowing or Stopping
- 04 Starting from Traffic Lane
- 05 Starting from Parked Pos.
- 06 Stopped in Traffic Lane
- 07 Changing Lanes
- 08 Passing
- 09 Parking
- 10 Parked
- 11 Backing
- 12 Making Left Turn
- 13 Making Right Turn
- 14 Making Right Turn on Red
- 15 Making U Turn
- 16 Skidding
- 17 Driverless Moving Vehicle

PED Movement

- 51 Cross/Enter at Intersection
- 52 Cross/Ent Not at Intsect
- 53 Walking/Riding w/Traffic
- 54 Walk/Ride Against Traffic
- 55 Playing
- 56 Standing (continued→)

- 57 Getting On/Off Vehicle
- 58 Push/Work on Vehicle
- 59 Other Working
- 60 Hitchhiking
- 61 Approach/Leave School Bus

51 CONDITION

- 01 Apparently Normal
- 02 Had Been Drinking
- 03 Using Drugs
- 04 Physical Defects
- 05 Other Handicaps
- 06 Ill
- 07 Fatigued
- 08 Apparently Asleep

52 SUBSTANCE DETECTED

- 01 No Substance Detected
- 11 Alcohol Present
- 12 Illegal Drug Present
- 13 Medication Present
- 14 Combined Subst. Present
- 21 Alcohol Contributed
- 22 Illegal Drug Contributed
- 23 Medication Contributed
- 24 Combination Contributed

53 TEST ADMINISTERED

- 01 Test (s) Refused
- 02 Positive Prelim. Test
- 03 Evidence Test Given

56 PED TYPE

- 01 Pedestrian
- 02 Bicyclist
- 03 Other Pedalcyclist
- 04 Rider of animal
- 05 In animal-drawn vehicle
- 06 Machine operator/rider
- 07 Other Conveyance

57 PED LOCATION

- 01 Shoulder
- 02 Curb
- 03 Sidewalk
- 04 Outside Right of Way
- 05 On Roadway at Crosswalk
- 06 On Roadway Not at Crswk
- 07 In School Bus Zone
- 08 In Bikeway

58 PED OBEDIENCE

- 01 No pedestrian signal
- 02 Obeyed pedestrian signal
- 03 Disobeyed ped. signal
- 04 Ped. signal malfunction

59 PED VISIBILITY

- 01 Light Clothing
- 02 Dark Clothing
- 03 Mixed Clothing
- 04 Reflective Material
- 05 Head Light
- 06 Rear Light Reflector
- 07 Head Light & Rear Reflect

61 DR SAFETY EQUIP USE

- 01 None
- 11 Lap Belt Only
- 12 Shoulder Belt Only
- 13 Shoulder/Lap Belt (s)
- 14 Child/Youth Restraint
- 21 MC/Bike Helmet
- 22 MC/Bike Eye Shield Only
- 23 MC/Bike Helmet & Shield
- 31 Air Bag (Only)
- 32 Air Bag & Belt (s)

62 DR EQUIPMENT PROBLEM

- 01 No Misuse/Problem (Use OK)
- 11 Belt (s)/Anchor (s) Broke
- 13 Belt (s) Misused
- 31 Air Bag Failed to Deploy

Maryland

63 DR EJECTION

- 01 Not ejected; not trapped
- 02 Fully Ejected
- 03 Partially Ejected
- 04 Trapped

66/70 (DIRECTION) GOING/CONTINU

- 01 North
- 02 South
- 03 East
- 04 West

75 (VEH) BODY TYPE

- 01 Motorcycle
- 02 Automobile
- 03 Station Wagon
- 04 Limousine
- 05 Single Truck 2 axles
- 06 Single Truck 3 axles
- 07 Truck Tractor
- 08 Recreational Vehicle
- 09 Farm Vehicle
- 10 Transit Bus
- 11 Cross Country Bus
- 12 School Bus
- 13 Ambulance/Emergency
- 14 Ambulance/Non-Emergency
- 15 Fire Vehicle/Emergency
- 16 Fire Vehicle/Non-Emerg
- 17 Police Veh/Emergency
- 18 Police Veh/Non-Emerg
- 19 Moped
- 20 Pickup Truck
- 21 Van

78 COMM BODY TYPE

- 01 Bus
- 02 Van/Encl. Box
- 03 Truck-Tractor
- 04 Cargo Tank
- 05 Flatbed
- 06 Dump
- 07 Concrete Mixer
- 08 Auto Transporter
- 09 Garbage/Refuse

80 (VEH) MOST HARMFUL EVENT
Collision With:

- 01 Other Motor Vehicle in Transport
- 02 Parked Motor Vehicle
- 03 Pedestrian
- 04 Bicycle
- 05 Other Pedalcycle
- 06 Other Conveyance
- 07 Railway Train
- 08 Animal
- 09 Fixed Object
- 10 Other Object

Non-collision:

- 11 Overturn
- 12 Spilled Cargo
- 13 Jackknife
- 14 Separation of Units
- 15 Other Non-collision

82-1/2/3/4 CONTRIB CIRCUMSTANCE
Driver/Ped/Cyclist

- 01 Under influence of drugs
- 02 Under influence: alcohol
- 03 Under infl. of medication
- 04 Under combined influence
- 05 Physical/ment. difficulty
- 06 Fell asleep, fainted, etc.
- 07 Failed to give full time and attention
- 08 Did not comply with license restrictions
- 11 Fail: yield right of way
- 12 Fail to obey stop sign
- 13 Fail: obey traffic signal
- 14 Fail: obey oth traf contr
- 15 Fail: keep right of center
- 16 Fail: stop for school bus
- 17 Wrong way on one way road
- 18 Exceeded speed limit

- 21 Too fast for conditions
- 22 Followed too closely
- 23 Improper turn
- 24 Improper lane change
- 25 Improper backing
- 26 Improper passing
- 27 Improper signal
- 28 Improper parking
- 29 Interference/Obstruction by passenger

Ped/Cyclist ONLY

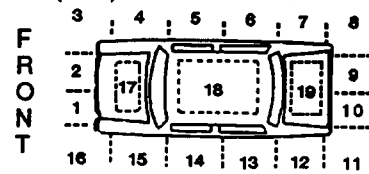
- 31 Illegally in roadway
- 32 Bicycle violation
- 37 Clothing not visible
- Environment
- 41 Smog, smoke
- 42 Sleet, hail, freeze, rain
- 43 Blowing sand, soil, dirt
- 44 Severe crosswinds
- 45 Rain, snow
- 46 Animal
- 47 Vision obstruction (incl. blinded by sun or lights)

Vehicle

- 51 Brakes
- 52 Tires
- 53 Steering
- 54 Lights
- 55 Windows/windshield
- 56 Wheel (s)
- 57 Trailer coupling
- 58 Cargo
- Road
- 61 Wet
- 62 Icy or slushy
- 63 Debris or obstruction
- 64 Ruts, holes, bumps
- 65 Road under const/maint.
- 66 Traffic control device inoperative
- 67 Shoulders low, soft, high

84 (VEH) TOWED VEHICLES

- 01 1 Semi Trailer
- 02 1 Semi + 1 Full Trailer
- 03 1 Full Trailer
- 04 2 Full Trailers
- 05 3 Trailers
- 06 Automobile
- 07 Utility Trailer
- 08 Boat Trailer
- 09 Camper
- 10 Travel/Home Trailer
- 11 Mobile Home
- 12 Farm Equipment

**87/88 FIRST/MAIN IMPACT PTS
90 (VEH) AREAS DAMAGED**


- 17 Hood
- 18 Roof/Top
- 19 Trunk
- 20 Windshield
- 21 Windows
- 22 Underside
- 23 Overturn (overall)

94 (VEH) DAMAGE EXTENT

- 01 No Damage
- 02 Superficial or Minor
- 03 Functional
- 04 Disabling
- 05 Destroyed

98 SEAT POSITION

- 01 Driver/MC/Cycle Operator
- 02 Center Front Seat
- 03 Right Front Seat
- 04 Left Rear/MC Passenger
- 05 Center Rear Seat
- 06 Right Rear Seat
- 07 Other Seat IN Vehicle
- 08 In Cargo Area
- 09 OUTSIDE Vehicle

100 SEX

- 01 Male
- 02 Female

102 SAFETY EQUIPMENT USE

- 01 None
- 11 Lap Belt Only
- 12 Shoulder Belt Only
- 13 Shoulder/Lap Belt (s)
- 14 Child/Youth Restraint
- 21 MC/Bike Helmet
- 22 MC/Bike Eye Shield Only
- 23 MC/Bike Helmet & Shield
- 31 Air Bag (Only)
- 32 Air Bag & Belt (s)

103 EQUIPMENT PROBLEM
Adult/Youth Restraint

- 01 No Misuse/Problem (Use OK)
- 11 Belt (s)/Anchor (s) Broke
- 13 Belt (s) Misused

Child Restraint

- 31 Air Bag Failed to Deploy
- 42 Facing Wrong Way
- 43 Not Anchored Right
- 44 Anchor Not Secure
- 45 Not Strapped Right
- 46 Strap/Tether Loose
- 47 Size/Type Improper

104 PASS INJURY SEVERITY

- 01 Not injured/not known
- 02 Possible injury
- 03 Inj.—not incapacitated
- 04 Disabled (Incapacitated)
- 05 Fatal

105 EJECTION

- 01 Not ejected; not trapped
- 02 Fully Ejected
- 03 Partially Ejected
- 04 Trapped

SEND ONE COPY TO:
REGISTRAR OF MOTOR VEHICLES
100 NASHUA STREET
BOSTON, MASS. 02114
NAME OF POLICE DEPT. SUBMITTING REPORT

NOT TO BE USED BY OPERATOR
MUST TYPE OR PRINT
COMMONWEALTH OF MASSACHUSETTS
POLICE REPORT
OF MOTOR VEHICLE ACCIDENT

REGISTRY USE ONLY

Date of Accident Mo Day Yr		Day of the Week S M T W T F S 1 2 3 4 5 6 7		A.M. 1 P.M. 2		Hour		Check One Did you notice any indication that an operator had been taking any medication or drugs? YES <input type="checkbox"/> NO <input type="checkbox"/> To your knowledge has any operator had a history of epilepsy, heart disease, fainting spells? YES <input type="checkbox"/> NO <input type="checkbox"/> (explain on reverse)		Was this Accident investigated by an Officer? If Yes, Check One Box Below 1 <input type="checkbox"/> Registry 4 <input type="checkbox"/> State Police 2 <input type="checkbox"/> MDC 5 <input type="checkbox"/> Local Police 3 <input type="checkbox"/> Other 6 <input type="checkbox"/> Other		
VEHICLE 1	Name of Operator						Number of Vehicles Involved		Date of Birth MO DAY YR		1 <input type="checkbox"/> Sex 2 <input type="checkbox"/> F	
	Street Address						City/Town		State		Zip	
	Owners Name and Address (if same, write "same")						Registration Number and State					
	Name of Insurance Company only may be written here						Year		Make		Type	
	Describe Damage to Vehicle:						1 <input type="checkbox"/> YES Fire Damage 2 <input type="checkbox"/> NO		1 <input type="checkbox"/> YES Parked Car 2 <input type="checkbox"/> NO		Approximate Cost to Repair \$	
VEHICLE 2	Name of Operator						Phone		Zip		Date of Birth MO DAY YR	
	Street Address						City/Town		State		Zip	
	Owners Name and Address (if same, write "same")						Registration Number and State					
	Name of Insurance Company only may be written here						Year		Make		Type	
	Describe Damage to Vehicle:						1 <input type="checkbox"/> YES Fire Damage 2 <input type="checkbox"/> NO		1 <input type="checkbox"/> YES Parked Car 2 <input type="checkbox"/> NO		Approximate Cost to Repair \$	
OTHER	Describe Other Property Damage						Approximate Cost to Repair \$					
	Name of Property Owner						Address					
WITNESSES	Other Witnesses or Persons Present						Address					
							Phone					
							Bus					
							Res					
INJURED 1	Number Injured		To what hospital was injured taken?				Taken by Ambulance? YES <input type="checkbox"/> NO <input type="checkbox"/>					
	Name of Injured		Street				City/Town		State			
INJURED 2	Age		Sex		INJURY SEVERITY		RESTRAINT SYSTEMS		PERSON INJURED			
	1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		1 <input type="checkbox"/> Killed 2 <input type="checkbox"/> Serious Visible Injury 3 <input type="checkbox"/> Minor Visible Injury 4 <input type="checkbox"/> No Visible Injury but Complaints of Pain		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No		1 <input type="checkbox"/> Safety Belt Used 2 <input type="checkbox"/> Child Restraint Used 3 <input type="checkbox"/> Helmet Used 4 <input type="checkbox"/> Air Bag Used		1 <input type="checkbox"/> Operator 2 <input type="checkbox"/> Passenger 3 <input type="checkbox"/> Passenger in Train, Bus, Etc. 4 <input type="checkbox"/> Operator 5 <input type="checkbox"/> Passenger			
INJURED 3	Name of Injured		Street				City/Town		State			
	Age		Sex		INJURY SEVERITY		RESTRAINT SYSTEMS		PERSON INJURED			
INJURED 4	1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		1 <input type="checkbox"/> Killed 2 <input type="checkbox"/> Serious Visible Injury 3 <input type="checkbox"/> Minor Visible Injury 4 <input type="checkbox"/> No Visible Injury but Complaints of Pain		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Yes 4 <input type="checkbox"/> No		1 <input type="checkbox"/> Safety Belt Used 2 <input type="checkbox"/> Child Restraint Used 3 <input type="checkbox"/> Helmet Used 4 <input type="checkbox"/> Air Bag Used		1 <input type="checkbox"/> Operator 2 <input type="checkbox"/> Passenger 3 <input type="checkbox"/> Passenger in Train, Bus, Etc. 4 <input type="checkbox"/> Operator 5 <input type="checkbox"/> Passenger			

E65. 400M-2/86-3385-809581

BE SURE TO COMPLETE AND SIGN REPORT ON REVERSE SIDE

Original size document - 8-1/2 X 11

NOTE: Mark all items which apply. The diagram and description of what happened (below) need not be completed if separate 8 1/2 x 11 size sheet with same detailed information is attached. Please sign report in space provided below.

L O C A T I O N	City or Town Where Accident Occurred _____		Nearest Mile Marker _____	Number of Lanes _____	At Rotary <input type="checkbox"/> Yes <input type="checkbox"/> No	If Accident Occurred on Ramp Fill in Below: 1 <input type="checkbox"/> On ramp to route number _____ N S E W going <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> On ramp from route number _____ N S E W going <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																																																																																													
	Street Name or Route Number _____ at intersection with _____		Which direction was each vehicle traveling? Vehicle No. 1 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W No. 2 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W																																																																																																																																
T Y P E	Accident Involved Collision With: 1 <input type="checkbox"/> Pedestrian 4 <input type="checkbox"/> Railroad Train 2 <input type="checkbox"/> Motor Vehicle in Traffic 5 <input type="checkbox"/> Ran off roadway hit fixed object _____ feet from road 3 <input type="checkbox"/> Motor Vehicle Parked 6 <input type="checkbox"/> Bicycle		Or — If not at intersection, fill in below: _____ feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Of nearest intersection, bridge, mile marker, railroad. Other Landmarks: _____		If collision involved two or more vehicles mark one of the following: 1 <input type="checkbox"/> Rear End 2 <input type="checkbox"/> Angle 3 <input type="checkbox"/> Head On																																																																																																																														
			7 <input type="checkbox"/> Overturned in road 8 <input type="checkbox"/> Ran off roadway — non-collision 9 <input type="checkbox"/> Fixed object on shoulder, sidewalk or island A <input type="checkbox"/> School Bus B <input type="checkbox"/> Truck C <input type="checkbox"/> Moped D <input type="checkbox"/> Other																																																																																																																																
C O L L I S I O N	What were vehicles doing prior to accident? Mark appropriate box		Where was pedestrian located at time of accident? Mark appropriate box		ROAD SURFACE																																																																																																																														
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3 <input type="checkbox"/> Exceeding Lawful Speed	8 <input type="checkbox"/> Failed to Give Proper Signal	D <input type="checkbox"/> Disregarded Other Traffic Control	J <input type="checkbox"/> Operating to Endanger																																																																																																																																
4 <input type="checkbox"/> Failed to Grant Right of Way to Other Vehicle	9 <input type="checkbox"/> Improper Turning Movement	E <input type="checkbox"/> Improper Start from Parked Position	K <input type="checkbox"/> Failed to Stop for a Schoolbus																																																																																																																																
5 <input type="checkbox"/> Failed to Grant Right of Way to Pedestrian	A <input type="checkbox"/> Operating Unregistered Uninsured Vehicle	F <input type="checkbox"/> Improper Parked Position	L <input type="checkbox"/> Defective Equipment																																																																																																																																
			M <input type="checkbox"/> No Violation																																																																																																																																
			N <input type="checkbox"/> Seat Belt (Operator)																																																																																																																																
			O <input type="checkbox"/> Seat Belt (Passenger)																																																																																																																																

**NOT TO BE USED BY OPERATOR****MUST TYPE OR PRINT****COMMONWEALTH OF MASSACHUSETTS
TRUCK & BUS SUPPLEMENTAL ACCIDENT REPORT**

SEND BOTH SUPPLEMENTAL COPIES
ALONG WITH POLICE REPORT TO:
REGISTRAR OF MOTOR VEHICLES
100 NASHUA STREET
BOSTON, MASS. 02114
NAME OF POLICE DEPT. SUBMITTING REPORT _____

WHEN TO USE THIS FORM: Answers to questions below determine use.

Did this accident involve:

1. a truck with at least 2 axles and six tires, or haz mat placard? ☐ Yes ☐ No
2. a bus with seats for more than 15 people, including driver? ☐ Yes ☐ No

STOP. If response to both questions is "No" do not fill out this form.

If response is "Yes" to 1 or 2, proceed to question 3.

Did this accident result in:

3. person(s) fatally injured? ☐ Yes ☐ No How Many ____
4. injured person(s) taken away for medical attention? ☐ Yes ☐ No How Many ____
5. vehicle(s) towed from scene? ☐ Yes ☐ No How Many ____

STOP. If response to 3, 4, and 5, is "No" do not complete this form.

If response is "Yes" to 3, 4, or 5 please complete this form.

US DOT -----	State Number -----	Issuing State of State # --	Police Dept ID -----	Interstate ____ (Y/N)	ICC MC # -----
Carrier Name -----		Source: _ Veh. Side _ Driver _ Shipping Papers		Street Address -----	
City/Town -----	State --	Zip Code -----	Accident Date ----- (MM/DD/YY)	Accident Time __ : __ (24 Hour Time)	
Accident Location (Number/Name of Highway/Street) -----			City/Town -----	County -----	State --
Driver's Name (Last, First M.I.) -----		Date of Birth ----- (MM/DD/YY)	License Number -----		State --
Vehicle Configuration __ (1) Bus, seats 15 or more including driver __ (2) Single-Unit truck; 2 axles, 6 tires __ (3) Single-Unit Truck; 3 or more axles __ (4) Truck/trailer __ (5) Truck tractor (bobtail) __ (6) Tractor/semi-trailer __ (7) Tractor/doubles __ (8) Tractor/triple __ (9) Heavy truck, cannot classify _____					
Total Length __ ft. Trailer width __ 96 in. __ 102 in. <input type="checkbox"/> Other __ in. Trailer length __ 28 ft. __ 45 ft. __ 48 ft. <input type="checkbox"/> Other __ ft.					
Cargo Body Type __ (1) Bus, seats 15 or more including driver __ (2) Van/enclosed box __ (3) Cargo Tank __ (4) Flatbed __ (5) Dump __ (6) Concrete mixer __ (7) Auto transporter __ (8) Garbage/refuse __ (9) (i.e. multiple body types) _____					
Number of axles __ (Including Trailers)		Gross Vehicle Wt. Rating -----	VIN # -----		Vehicle Registration # -----
State --	Haz Mat Placard? ____ (Y/N)	Haz Mat Release of Cargo? ____ (Y/N) (Don't count fuel from tank)		Haz Mat Name -----	
Haz Mat 4-Digit Number -----		Haz Mat 1-Digit Number --		Federally Reportable? ____ (Y/N)	
CDL Class/Endorsement ----- / -----		Commercial Vehicle Driving Experience __ Years __ Months		Driver Type (Check one) __ Owner-Oper. __ Leased Oper. __ Empl. Driver	
Sequence of Events (for this vehicle) MARK IN SEQUENCE: 1, 2, 3, OR 4 __ Ran off Road __ Jackknife __ Overturn __ Down-hill runaway __ Cargo loss or shift __ Explosion or fire __ Separation of units __ Collision/pedestrian __ Collision/motor vehicle in transport __ Collision/train __ Collision/parked motor vehicle __ Collision/pedalcycle __ Collision/animal __ Collision/fixed object __ Collision/other object __ Other					

**** IN ADDITION YOU MUST CONTINUE TO SUBMIT POLICE ACCIDENT REPORT FORM E-65 TO THE REGISTRY OF MOTOR VEHICLES******Massachusetts**

GENERAL INSTRUCTION

WHAT TO FILL OUT: Complete all questions on form for any accident that qualifies as being reportable under the conditions indicated under the heading **WHEN TO USE FORM:**

- Single truck or bus accidents** - Complete all questions.
- Multiple truck or bus accidents** - This report should be filed for each Motor Carrier.

DATA ELEMENT INSTRUCTIONS**ACCIDENT INFORMATION**

US DOT: Enter 6-digit number.

State Number: Enter DPU or State issued Carrier Identification Number.

Issuing State of State #: Enter issuing State abbreviation.

Police Dept. ID: Enter the report, accident, document, complaint or other number that identifies the regular police accident report that collects other information on this accident.

Interstate - (Y/N): Commerce, traffic or trade across a state line.

ICC MC #: Enter 5 or 6-digit number.

Carrier Name: Enter the name of the motor carrier company from the first available source (vehicle side, driver or shipping papers) and check the appropriate source on the form.

Carrier's Address: Enter carrier's principal place of business (Street Address, City/Town, State and Zip Code).

Accident Date: Enter month, day and year.

Accident Time: Enter hours and minutes (24 hour time)

Accident Location: Enter Number/Name of Highway/Street, City/Town, County and State where accident occurred.

Driver's Identification: Enter Truck or Bus driver's name, Date of Birth, License Number and State of issue.

Vehicle Configuration: Enter number which best describes vehicle; enter Total Length of vehicle, Trailer width and Trailer Length or Other.

Cargo Body Type: Enter number which best describes vehicle.

Number of Axles: Enter the total number of axles on the truck or bus. Include the axles on truck semi-trailers, trailers and converter dollies.

Gross Vehicle Weight Rating: Enter rating in lbs. as listed on manufacturer's ID plate.

Vin #: Enter Vehicle Identification Number assigned by manufacturer.

Vehicle Registration #: Enter registration number, plate type and State of issue.

Haz Mat Placard?: Enter Y(Yes) or N(No) see Title 49 CFR part 172.500.

Haz Mat Release of Cargo?: Enter Y(Yes) or N(No) (Don't count fuel from fuel tank).

Haz Mat Name: Enter name (if applicable) as found in center of placard.

Haz Mat 4-Digit Number: (If applicable) enter the 4-digit number or the name from either the middle of the diamond placard or the rectangular box placard.

Haz Mat 1-Digit Number: Enter number from bottom of diamond.

Federally Reportable?: Enter Y(Yes) or N(No) as defined in Title 49 CFR part 394.7.

CDL Class/Endorsement: Applicable to Commercial Driver's License.

Commercial Vehicle Driving Experience: Enter years and months.

Driver Type: Check one.

Sequence of Events: Enter 1, 2, 3 or 4 in front of items that best describe the sequence of events for this truck or bus only.

Signature: _____

Name and Rank

Badge #

Police Dept.

Date

* Be sure to sign both copies.

Authority: 1949 PA 300, Sec. 257.622
Compliance: Required
Penalty: \$100 and/or 90 days

Do Not Use

STATE OF MICHIGAN

Form _____ Of _____ UD-10 (1/84)

County: MI

Traffic Crash Report

Complaint #

File Class

Crash Date

Month Day Year

Department Name

Complaint Disposition

Reviewer

Crash Date			Crash Time		
Month	Day	Year	Hour	Minute	Second
01	02	03	04	05	06
07	08	09	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60

No. of Units	Crash Type	Special Circumstances	Weather
01	1. Single Motor Vehicle	1. None	1. Clear
02	2. Head On	2. Deer	2. Cloudy
03	3. Head On-Left Turn	3. School Bus	3. Fog/Smoke
04	4. Angle	4. Hit and Run	4. Rain
05	5. Rear End	5. Fleeing Police	5. Snow/Blowing Snow
06	6. Rear End-Left Turn		6. Severe Wind
07	7. Rear End-Right Turn		7. Sleet/Hail
08	8. Sideswipe-Same		8. Other/Unknown
09	9. Sideswipe-Opposite		
10	10. Other/Unknown		

Light	Fatal
1. Daylight	1. Fatal (Report All)
2. Dawn	2. Corrected Copy
3. Dusk	3. Replace (Entire Report)
4. Dark-Lighted	4. Delete (Entire Report)
5. Dark-Unlighted	5. Non-Traffic Area
6. Other/Unknown	6. ORV/Snowmobile

County	City/Town	Traffic Control
01	02	1. Signal
03	04	2. Stop Sign
05	06	3. Yield Sign
07	08	4. None of These
09	10	

Construction Zone (If applicable)	Activity
1. Const./Maint.	1. On Road
2. Utility	2. Off Road
	3. None

Area	Road Condition	Total Lanes	Speed Limit
1. Dry	1. Dry	0	1
2. Wet	2. Wet	1	2
3. Icy	3. Icy	2	3
4. Snowy	4. Snowy	3	4
5. Muddy	5. Muddy	4	5
6. Slushy	6. Slushy	5	6
7. Debris	7. Debris	6	7
8. Other/Unknown	8. Other/Unknown	7	8
		9	9

Location on

Name:

Intersection:

Relation to Roadway

(Location of First Impact)

Unit Type	City	State	Zip
1. MV	01	02	03
2. B	04	05	06
3. P	07	08	09
4. E (Train)	10	11	12

Date of Birth	License Type	Sex	Hazard Action
Month Day Year	1. O 2. CY 3. C 4. F 5. M 6. R	1. M 2. F	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.

Injury	Ejected	Trapped	Citation Issued
1. K 2. A 3. B 4. C 5. D 6. E 7. F 8. G 9. H 10. I 11. J 12. L	1. Yes 2. No	1. Yes 2. No	1. Hazardous 2. Other

Vehicle Registration

State VIN

Vehicle Description (year, make, color)

Total Occup

Insurance

Towed To/By

Vehicle Direction

Location of Greatest Damage

Vehicle Type

Special Vehicles

First Impact

Extent of Vehicle Damage

Vehicle Use

Driveable

Vehicle Defect

Private Trailer Type

First Name

Date of Birth

Sex

Street Address

Month Day Year

Ejected

City

Pos. Rest. Ambulance/Hospital

Trapped

State

Zip

Airbag Deployed

First Name

Date of Birth

Sex

Street Address

Month Day Year

Ejected

City

Pos. Rest. Ambulance/Hospital

Trapped

State

Zip

Airbag Deployed

Witness

Owner

Name

Uninjured Passenger

Address

Phone Number

Witness

Owner

Name

Uninjured Passenger

Address

Phone Number

Person Advised of Damaged Traffic Control

Date Time Name

Damaged Property

Public

Owner & Phone

Y N

Do Not Write or Mark In This Area

4007980

Form Override Number

Do Not Write or Mark Below This Line

Do Not Write or Mark Below This Line

Do Not Write or Mark Below This Line

Michigan

ROTARY MULTIFORMS INC. (616) 942-2374

Unit Number <div style="display: flex; flex-direction: column; align-items: center;"> <div style="width: 10px; height: 10px; background-color: black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; background-color: black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; background-color: black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; background-color: black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; background-color: black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; background-color: black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; background-color: black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; background-color: black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; background-color: black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; background-color: black; margin-bottom: 2px;"></div> </div>	State	Driver License Number		Date of Birth	License Type	Sex	Hazard Action	
	First Name Middle Last			Month Day Year	<input type="radio"/> O <input type="radio"/> GY <input type="radio"/> M <input type="radio"/> C <input type="radio"/> F <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	<input type="radio"/> O <input type="radio"/> M <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R		
	Street Address			Position		Restraint		Ambulance/Hospital
	City State Zip			Injury		Ejected Trapped		Citation Issued
	Unit Type <input type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)			Alcohol Test Type <input type="radio"/> Breath <input type="radio"/> Field <input type="radio"/> Urine <input type="radio"/> HBD <input type="radio"/> PBT <input type="radio"/> Blood Test Results _____ (Submit Results To FARS When Available)		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not Offered		<input type="radio"/> 1. Hazardous <input type="radio"/> 2. Other
Vehicle Registration State VIN			Vehicle Description (year, make, color)					
Insurance			Towed To/By		Vehicle Direction		Special Vehicles	
Location of Greatest Damage			Vehicle Type		Vehicle Use			
First Impact Extent of Vehicle Damage Driveable 0 1 2 3 4 5 6 7 8 9 10 11 12 <input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> PA <input type="radio"/> CY <input type="radio"/> OR <input type="radio"/> VA <input type="radio"/> MO <input type="radio"/> Other <input type="radio"/> PU <input type="radio"/> GC <input type="radio"/> Truck/Bus <input type="radio"/> ST <input type="radio"/> SM (Complete Truck/Bus Section)		<input type="radio"/> North <input type="radio"/> East <input type="radio"/> South <input type="radio"/> West		1 2 3 4 5 6	
First Name Middle Last			Date of Birth		Sex		Ejected Trapped	
Street Address			Month Day Year		<input type="radio"/> M <input type="radio"/> F		<input type="radio"/> Yes <input type="radio"/> No	
City State Zip			Pos. Rest. Ambulance/Hospital		Airbag Deployed			
First Name Middle Last			Date of Birth		Sex		Ejected Trapped	
Street Address			Month Day Year		<input type="radio"/> M <input type="radio"/> F		<input type="radio"/> Yes <input type="radio"/> No	
City State Zip			Pos. Rest. Ambulance/Hospital		Airbag Deployed			
<input type="radio"/> Witness <input type="radio"/> Owner Name Address Phone Number Age Pos. Rest. <input type="radio"/> Uninjured Passenger <input type="radio"/> Witness <input type="radio"/> Owner Name Address Phone Number Age Pos. Rest. <input type="radio"/> Uninjured Passenger								

Unit Reported on Front

Action Prior	Sequence of Events			
	First	Second	Third	Fourth
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
10	10	10	10	10
11	11	11	11	11
12	12	12	12	12
13	13	13	13	13
14	14	14	14	14
15	15	15	15	15
16	16	16	16	16
17	17	17	17	17
18	18	18	18	18
19	19	19	19	19
20	20	20	20	20
21	21	21	21	21
22	22	22	22	22
23	23	23	23	23
24	24	24	24	24
25	25	25	25	25
26	26	26	26	26
27	27	27	27	27
28	28	28	28	28
29	29	29	29	29
30	30	30	30	30
31	31	31	31	31
32	32	32	32	32
33	33	33	33	33
34	34	34	34	34
35	35	35	35	35
36	36	36	36	36
37	37	37	37	37
38	38	38	38	38
39	39	39	39	39
40	40	40	40	40
41	41	41	41	41
42	42	42	42	42
43	43	43	43	43
44	44	44	44	44
45	45	45	45	45
46	46	46	46	46
47	47	47	47	47
48	48	48	48	48
49	49	49	49	49
50	50	50	50	50
51	51	51	51	51
52	52	52	52	52
53	53	53	53	53
54	54	54	54	54
55	55	55	55	55</

IMPORTANT: Stray marks or marks outside boxes will cause UD-10 to be rejected. Avoid stray marks!

STATE OF MICHIGAN Traffic Crash Report

Crash Type (First Impact)

Single Motor Vehicle
includes Car/Pedestrian,
Car/Bicyclist, Car/Animal,
Car/Tram, Car/Fixed
Object

1. Single Motor Vehicle	2. Head On	3. Head On — Left Turn	4. Angle	5. Rear End
6. Rear End — Left Turn	7. Rear End — Right Turn	8. Sideswipe Same Direction	9. Sideswipe Opposite Direction	10. Other/Unknown

Special Vehicles

- 1 Police
- 2 Fire
- 3 Bus
- 4 Ambulance
- 5 Farm equipment
- 6 Construction/maintenance equip.

Vehicle Defects

- 1 Brakes
- 2 Lights/reflectors
- 3 Steering
- 4 Tires/wheels
- 5 Windows
- 6 Other

Vehicle Use

- 1 Private
- 2 Commercial
- 3 In pursuit/on emergency
- 4 Farm
- 5 School/education
- 6 Club/church (all Y-plates)
- 7 Military
- 8 Other government
- 9 Utility (gas, cable, etc.)
- 10 Road construction/road maintenance
- 11 Other

Private Trailer Type

- | | |
|------------------|----------------|
| 1 Utility | 5 Towed auto |
| 2 Travel trailer | 6 Recreational |
| 3 Boat trailer | double |
| 4 Farm equip | 7 Other |

Area

Freeway

- 01 Entrance/exit ramp related
- 02 Median crossing related
- 03 Transition area*
- 04 Rest area related
- 05 Scale/weight station related
- 06 All other freeway areas

Intersection

- 07 Within intersection
- 08 Driveway related (within 150 feet of intersection)
- 09 Intersection related-other

Other Non-Freeway Areas

- 10 Straight roadway
Not related to other selections
- 11 Curved roadway
Not related to other selections
- 12 Driveway related
- 13 Parking related (legal roadside)
- 14 Transition area*
- 15 Median crossing related
- 16 Rail crossing related
- 17 Rest area related
- 18 Scale/weight station related
- 19 Non-traffic area
- 20 Other
- 21 Unknown

*Increase or decrease in the number of travel lanes.

Hazardous Action

- 00 None
- 01 Speed too fast
- 02 Speed too slow
- 03 Failed to yield
- 04 Disregard traffic control
- 05 Drove wrong way
- 06 Drove left of center
- 07 Improper passing
- 08 Improper lane use
- 09 Improper turn
- 10 Improper/no signal
- 11 Improper backing
- 12 Unable to stop in assured clear distance
- 13 Other
- 14 Unknown

Position

B Bicyclist
P Pedestrian
E Engineer (railroad/train)

1-9 Vehicle Interior
See Representation Below

3	6	9
2	5	8
1	4	7

- 10 Sleeper section
- 11 Other enclosed passenger area/cargo area
- 12 Other unenclosed passenger area/cargo area
- 13 Riding in/on trailing unit
- 14 Riding on vehicle exterior
- 15 Unknown

Motorcycles, snowmobiles, etc. (In-line seating)

- 1 Driver
- 4 Passenger one
- 7 Passenger two

Restraint Use

- 01 No belts available
- 02 Shoulder belt only used
- 03 Lap belt only used
- 04 Shoulder & lap belt used
- 05 No belt used
- 06 Child restraint used
- 07 Child restraint not used, not available or improper
- 08 Restraint failure
- 09 Restraint use unknown
- 10 Helmet worn
- 11 Helmet not worn
- 12 Helmet use unknown

Code of Injury

K—Fatal Injury Any injury which results in death.

A—Incapacitating Injury Any injury other than fatal which prevents normal activities and generally requires hospitalization.

B—Non-Incapacitating Injury Any injury not incapacitating but evident to others at the scene.

C—Possible Injury No visible injury but complaint of pain or momentary unconsciousness.

O—No Injury No indication of injury.

Unit Type

MV Motor Vehicle
B Bicyclists (all pedalcyclists)
P Pedestrian
E Engineer (railroad/train)

Action Prior To Crash

Driver Action

- 01 Going straight ahead
- 02 Turning left
- 03 Turning right
- 04 Stopped on roadway
- 05 Involved in prior crash at same location
- 06 Changing lanes
- 07 Backing
- 08 Slowing/stopping on roadway
- 09 Slowing/stopping other area
- 10 Starting up on roadway
- 11 Starting up other area
- 12 Entering parking
- 13 Leaving parking
- 14 Entering roadway
- 15 Leaving roadway
- 16 Making U-turn
- 17 Overtaking or passing
- 18 Avoiding object
- 19 Avoiding pedestrian
- 20 Avoiding vehicle (front/back)
- 21 Avoiding vehicle (angle)
- 22 Driverless moving
- 23 Parked

Pedestrian Action

- 24 Crossing at intersection
- 25 Crossing not at intersection
- 26 Getting on/off vehicle
- 27 In roadway with traffic
- 28 In roadway against traffic
- 29 Standing/lying in roadway
- 30 Pushing/working on vehicle
- 31 Other working in roadway
- 32 Playing in roadway
- 33 In roadway other reason
- 34 Not in roadway
- 35 Other
- 36 Unknown

Sequence of Events/ Most Harmful Event

Non-Collision

- 01 Loss of control
- 02 Cross centerline/median
- 03 Ran off roadway-left
- 04 Ran off roadway-right
- 05 Re-enter roadway
- 06 Overturn
- 07 Separation of units
- 08 Fire/explosion
- 09 Immersion
- 10 Jackknife
- 11 Downhill runaway
- 12 Cargo loss/shift
- 13 Individual fell from vehicle
- 14 Other noncollision

Had a Collision With

Non-Fixed Objects

- 15 Pedestrian
- 16 Bicyclist
- 17 Motor vehicle in transport*
- 18 Parked motor vehicle
- 19 Engineer (railroad/train)
- 20 Animal
- 21 Other non-fixed object

Fixed Objects

- 22 Bridge/pier/abutment
- 23 Bridge parapet end
- 24 Bridge rail
- 25 Guardrail face
- 26 Guardrail end
- 27 Median barrier
- 28 Highway traffic sign post
- 29 Highway signal post
- 30 Luminaire/light support
- 31 Utility pole
- 32 Other pole
- 33 Culvert
- 34 Curb
- 35 Ditch
- 36 Embankment
- 37 Fence
- 38 Mailbox
- 39 Tree
- 40 Railroad crossing signal
- 41 Building
- 42 Traffic island
- 43 Fire hydrant
- 44 Impact attenuator
- 45 Other fixed object

* In transport means a motor vehicle in motion on or on a roadway.

IMPORTANT: Stray marks or marks outside boxes will cause UD-10 to be rejected. Avoid stray marks!

Michigan

Minnesota

BLANK

Original size document – 8-1/2 X 11

0 - NO CLEAR CONTRIBUTING FACTOR 1 - FAILURE TO YIELD RIGHT OF WAY 2 - ILLEGAL/UNSAFE SPEED 3 - FOLLOWED TOO CLOSELY 4 - DISREGARDED TRAFFIC CONTROL DEVICE 5 - DRIVING LEFT OF ROADWAY CENTER, NOT PASSING 6 - IMPROPER PASSING/OVERTAKING 7 - IMPROPER/UNSAFE LANE USE 8 - IMPROPER PARKING/START/STOP		FACTOR1 & FACTOR2 - APPARENT CONTRIBUTING FACTORS (UP TO TWO PER DRIVER) (NOTE: PLEASE INDICATE <u>PRIMARY</u> FACTOR IN THE BOX MARKED FACTOR1)		9 - IMPROPER TURN 10 - UNSAFE BACKING 11 - NONPROPER SIGNAL 12 - IMPENDING TRAFFIC 13 - DRIVER INATTENTION/DISTRACTION 14 - DRIVER INEXPERIENCE 15 - PEDESTRIAN VIOLATION/ERROR 16 - PHYSICAL IMPAIRMENT*		17 - FAILURE TO USE LIGHTS 18 - DRIVER ON CAR PHONE/CB2-WAY RADIO 19 - OTHER HUMAN CONTRIBUTING FACTOR* 31 - VISION OBSCURED-WINDSHIELD GLASS 32 - VISION OBSCURED-SUN OR HEADLIGHTS 33 - OTHER VISION-RELATED CONTRIBUTING FACTOR* 41 - DEFECTIVE BRAKES		42 - DEFECTIVE TIRE OR TIRE FAILURE 43 - DEFECTIVE LIGHTS 44 - INADEQUATE WINDSHIELD GLASS 45 - OVERSIZE/OVERWEIGHT VEHICLE 46 - SKIDDING 50 - OTHER VEHICLE DEFECT FACTOR* 61 - WEATHER 90 - OTHER*			
MANUEVER - PRE-ACCIDENT MANUEVER BY VEHICLE 1 - GOING STRAIGHT AHEAD/FOLLOWING ROADWAY 2 - WRONG WAY INTO OPPOSING TRAFFIC 3 - RIGHT TURN ON RED		4 - LEFT TURN ON RED 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - STARTING FROM PARKED POSITION 9 - STARTING IN TRAFFIC 10 - SLOWING IN TRAFFIC 11 - STOPPED IN TRAFFIC		12 - ENTERING PARKED POSITION 13 - PARKED LEGALLY 14 - PARKED ILLEGALLY 15 - AVOIDING UNITS/OBJECT IN ROAD 17 - CHANGING LANE 18 - OVERTAKING/PASSING 19 - MERGING 20 - BACKING 21 - STALLED		BY PEDESTRIAN 41 - CROSSING WITH SIGNAL 42 - CROSSING AGAINST SIGNAL 43 - CROSSING MARKED CROSSWALK 44 - CROSSING (NO SIGNAL OR MARKED CROSSWALK) 45 - WALK/RUN IN ROAD WITH TRAFFIC 46 - WALK/RUN IN ROAD AGAINST TRAFFIC		47 - STANDING IN ROAD 48 - EMERGING FROM BEHIND PARKED VEHICLE 49 - CHILD GETTING OFF SCHOOL BUS 50 - GETTING ON/OFF VEHICLE 51 - PUSHING/WORKING ON VEHICLE 52 - WORKING IN ROADWAY 53 - PLAYING IN ROADWAY 54 - NOT IN ROADWAY		BY BICYCLIST 71 - RIDING WITH TRAFFIC 72 - RIDING AGAINST TRAFFIC 73 - MAKING RIGHT TURN 74 - MAKING LEFT TURN 75 - MAKING U-TURN 76 - RIDING ACROSS ROAD 77 - SLOWING/STOPPING/STARTING 90 - OTHER ACTION	
PHYSCL - APPARENT PHYSICAL CONDITION 1 - NORMAL (NO DRUGS/ALCOHOL) 2 - UNDER THE INFLUENCE		3 - HAD BEEN DRINKING 4 - COMMERCIAL DRIVER OVER .04 BAC		5 - HAD BEEN TAKING DRUGS 6 - ASLEEP 7 - FATIGUED		8 - #L 90 - OTHER* 99 - UNKNOWN		RECOMM - RECOMMENDATIONS FOR DRIVER 0 - NOT APPLICABLE		1 - PHYSICAL EXAM 2 - DRIVER EXAM 90 - OTHER*	
VEHNTYP - VEHICLE CONFIGURATION 1 - AUTOMOBILE 2 - PICKUP 3 - VAN 4 - MOTORHOME/CAMPER 5 - TAXICAB		6 - POLICE VEHICLE 7 - FIRE DEPARTMENT VEHICLE 8 - SCHOOL BUS 9 - AMBULANCE 10 - MILITARY VEHICLE 11 - SNOWMOBILE 12 - ATV 13 - FARM EQUIPMENT		14 - MOTORCYCLE 15 - MOTORSCOOTER/MOTORBIKE 16 - MOPED/MOTORIZED BICYCLE 17 - HIT/RUN VEHICLE 18 - ROADWAY MAINTENANCE VEHICLE 19 - OTHER PUBLICLY-OWNED VEHICLE*		20 - OTHER PRIVATELY-OWNED VEHICLE* 21 - BICYCLE 22 - PEDESTRIAN 31 - 2-AXLE, 6-TIRE, SINGLE UNIT TRUCK/STEPVAN 32 - 3 OR MORE AXLE SINGLE UNIT TRUCK		33 - SINGLE UNIT TRUCK WITH TRAILER 34 - TRUCK TRACTOR WITH NO TRAILER 35 - TRUCK TRACTOR WITH SEMI-TRAILER 36 - TRUCK TRACTOR WITH DOUBLE TRAILERS		37 - TRUCK TRACTOR WITH TRIPLE TRAILERS 38 - UNKNOWN HEAVY TRUCK 39 - NON-SCHOOL BUS 90 - OTHER VEHICLE TYPE* 99 - UNKNOWN	
DMGLOC - PRINCIPLE DAMAGE AREA(S) OF VEHICLE 0 - NOT APPLICABLE 1 - FRONT 2 - RIGHT FRONT		3 - RIGHT CENTER 4 - RIGHT REAR 5 - REAR 6 - LEFT REAR 7 - LEFT CENTER		8 - LEFT FRONT 9 - TOP 10 - BOTTOM 11 - MULTIPLE AREAS 99 - UNKNOWN		DMGSEV - DAMAGE SEVERITY 0 - NOT APPLICABLE		1 - NONE 2 - LIGHT 3 - MODERATE 4 - SEVERE		5 - TOTAL 99 - UNKNOWN	
ACCCTYP - ACCIDENT TYPE BY 1ST HARMFUL EVENT COLLISION WITH AM 1 - UNIT ON SAME ROADWAY 2 - UNIT ON SEPARATE ROADWAY 3 - PARKED MOTOR VEHICLE 4 - TRAIN 5 - BICYCLIST 6 - PEDESTRIAN 7 - DEER 8 - OTHER ANIMAL 9 - FIXED OBJECT* (SEE FADOBJ) 10 - FALLING OBJECT*		NON-COLLISION 11 - OVERTURN 12 - FIRE/EXPLOSION 13 - SUBMERSION 90 - OTHER* 99 - UNKNOWN		FADOBJ - FIXED OBJECT STRUCK 0 - NOT APPLICABLE 1 - CONSTRUCTION EQUIPMENT 2 - TRAFFIC SIGNAL 3 - RR CROSSING DEVICE 4 - LIGHT POLE 5 - UTILITY POLE 6 - SIGN STRUCTURE/POST 7 - MAILBOXES AND/OR POSTS 8 - OTHER POLES, ETC. 9 - HYDRANT 10 - TREE/SHRUBBERY 11 - CRASH CUSHION		12 - MEDIAN SAFETY BARRIER 13 - BRIDGE/PIER/GUARDRAIL 14 - OTHER GUARDRAIL 15 - FENCE (NON-MEDIAN BARRIER) 16 - CULVERT/HEADWALL 17 - EMBANKMENT/DITCH/CURB 18 - BUILDING/WALL 19 - ROCK OUTCROPS 20 - PARKING METER 90 - OTHER*		DEVICE - TRAFFIC CONTROL DEVICE 0 - NOT APPLICABLE 1 - TRAFFIC SIGNAL (SEE WORKING) 2 - OVERHEAD FLASHERS (SEE WORKING) 3 - STOP SIGN - ALL APPROACHES 4 - STOP SIGN - OTHER* 5 - YIELD SIGN 6 - OFFICER/FLAGPERSON/SCHOOL PATROL (SEE WORKING) 7 - SCHOOL BUS STOP ARM 8 - SCHOOL SIGN ZONE		9 - NO PASSING ZONE 10 - RR CROSSING GATES (SEE WORKING) 11 - RR CROSSING FLASHING LIGHTS (SEE WORKING) 12 - RR CROSSING STOP SIGN 13 - RR OVERHEAD FLASHERS (SEE WORKING) 14 - RR OVERHEAD FLASHERS/GATE 15 - RR CROSSBUCK 90 - OTHER* 99 - UNKNOWN	
LOCATN - LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY (ALLEY, DRIVEWAY, ETC.)		2 - ON SHOULDER 3 - ON MEDIAN 4 - ON ROADSIDE 5 - PARKING LOT		6 - PRIVATE PROPERTY 7 - OUTSIDE RIGHT-OF-WAY 90 - OTHER* 99 - UNKNOWN		WORKING - WAS ELECTRONIC MECHANICAL TRAFFIC CONTROL WORKING PROPERLY? 0 - NOT APPLICABLE 1 - SIGNAL WORKING PROPERLY 2 - SIGNAL NOT WORKING PROPERLY		3 - SIGNAL WORKING IN MODIFIED FASHION (E.G., TEMPORARILY FLASHING) 90 - OTHER* 99 - UNKNOWN			
RDRWK - ROAD WORK 1 - NONE		WORK ZONE MARKED 2 - CONSTRUCTION 3 - MAINTENANCE 4 - UTILITY		WORK ZONE NOT MARKED 5 - CONSTRUCTION 6 - MAINTENANCE 7 - UTILITY		90 - OTHER* 99 - UNKNOWN		INTREL - RELATIONSHIP TO INTERSECTION/JUNCTION 1 - INTERCHANGE AREA 2 - INTERSECTION 3 - INTERSECTION-RELATED 4 - ALLEY/DRIVEWAY ACCESS		5 - AT SCHOOL CROSSING 9 - NOT INTERSECTION/JUNCTION 99 - UNKNOWN	
RDESIGN - ROAD DESIGN 1 - FREEWAY (INCLUDES RAMPS) 2 - OTHER DIVIDED HIGHWAY		3 - ONE-WAY STREET 4 - 4+ LANES UNDIVIDED (2-3 LANES EACH WAY) 5 - 3 LANES UNDIVIDED		6 - 2 LANES (1 LANE EACH WAY) 7 - ALLEY/DRIVEWAY 8 - PRIVATE PROPERTY 90 - OTHER*		WEATHER - WEATHER/ATMOSPHERE 1 - CLEAR 2 - CLOUDY		3 - RAIN 4 - SNOW 5 - SLEET/HAIL/FREEZING RAIN 6 - FOG/SMOG/SMOKE		7 - BLOWING SAND/DUST/SNOW 8 - SEVERE CROSSWINDS 90 - OTHER* 99 - UNKNOWN	
RDSURF - ROAD SURFACE CONDITIONS 1 - DRY		2 - WET 3 - SNOW/SLUSH 4 - ICE/PACKED SNOW 5 - MUDDY		6 - DEBRIS 7 - OIL 90 - OTHER* 99 - UNKNOWN		LIGHT - LIGHTING 1 - DAYLIGHT 2 - DAWN (AM)		3 - DUSK (PM) 4 - DARK (STREET LIGHTS ON) 5 - DARK (STREET LIGHTS OFF)		6 - DARK (NO STREET LIGHTS) 90 - OTHER* 99 - UNKNOWN	
RDCAR - ROADWAY CHARACTERISTICS 1 - STRAIGHT & LEVEL 2 - STRAIGHT & GRADE		3 - STRAIGHT AT HILLCREST 4 - STRAIGHT AT SAG 5 - CURVE & LEVEL 6 - CURVE & GRADE		7 - CURVE AT HILLCREST 8 - CURVE AT SAG 90 - OTHER* (E.G., COMBINATION)		DIAGRAM - VEHICULAR RELATIONSHIPS WHICH LED TO IMPACT 0 - NOT APPLICABLE 1 - REAR END 2 - SIDESWIPE - PASSING		3 - LEFT TURN INTO ONCOMING TRAFFIC 4 - RAN OFF ROAD - LEFT SIDE 5 - RIGHT ANGLE 6 - RIGHT TURN INTO CROSS STREET TRAFFIC		7 - RAN OFF ROAD - RIGHT SIDE 8 - HEAD-ON 9 - SIDESWIPE - OPPOSING 90 - OTHER* 99 - UNKNOWN	

STATE OF MINNESOTA

DEPARTMENT OF PUBLIC SAFETY

POLICE TRAFFIC ACCIDENT REPORT

PS-32003-06 (1-91)

Minnesota

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BDYTP - CARGO BODY TYPE		
0 - NOT APPLICABLE	4 - GAS BULK CARGO TANK	10 - BUS
1 - VAN	5 - FLATBED/PLATFORM	11 - COMBINATION*
2 - DRY BULK CARGO TANK	6 - DUMP	12 - SPECIAL PERMIT LOAD*
3 - LIQUID BULK CARGO TANK	7 - CONCRETE MIXER	90 - OTHER*
	8 - AUTO TRANSPORTER	99 - UNKNOWN
	9 - GARBAGE/REFUSE	

TRAILER HITCH - TRAILER HITCH CONFIGURATIONS		
0 - NOT APPLICABLE	3 - A-TRAIN HITCH (WITH FIFTH WHEEL)	6 - PINTLE HITCH
1 - TRAILER WITH BALL HITCH	4 - B-TRAIN HITCH (WITH FIFTH WHEEL)	90 - OTHER* (INCLUDING COMBINATIONS)
2 - TRAILER WITH FIFTH WHEEL	5 - C-TRAIN HITCH (WITH FIFTH WHEEL)	99 - UNKNOWN

GVWR - GROSS VEHICLE WEIGHT RATING		
0 - NOT APPLICABLE	3 - 12,000 TO 25,999 POUNDS	8 - GREATER THAN 120,000 POUNDS
1 - LESS THAN 10,000 POUNDS	4 - 26,000 TO 56,999 POUNDS	99 - UNKNOWN
2 - 10,000 TO 11,999 POUNDS	5 - 57,000 TO 80,000 POUNDS	
	6 - 80,001 TO 105,000 POUNDS	
	7 - 105,001 TO 120,000 POUNDS	

SEQUENCE OF EVENTS - PLEASE INDICATE UP TO FOUR CODES THAT REPRESENT THE SEQUENCE OF ACCIDENT-RELATED EVENTS.

1 - COLLISION WITH UNIT ON SAME ROADWAY	8 - COLLISION WITH OTHER ANIMAL	16 - LOSS OR SPILLAGE OF NON-HAZARDOUS MATERIAL
2 - COLLISION WITH UNIT ON SEPARATE ROADWAY	9 - COLLISION WITH FIXED OBJECT	17 - LOSS OR SPILLAGE OF HAZARDOUS MATERIAL
3 - COLLISION WITH PARKED MOTOR VEHICLE	10 - COLLISION WITH FALLING OBJECT	18 - RAN OFF THE ROAD
4 - COLLISION WITH TRAIN	11 - OVERTURN	19 - SEPARATION OF UNITS
5 - COLLISION WITH BICYCLIST	12 - FIRE/EXPLOSION	20 - DOWNHILL RUNAWAY
6 - COLLISION WITH PEDESTRIAN	13 - SUBMERSION	21 - UNDERIDE - REAR
7 - COLLISION WITH DEER	14 - JACKKNIFE	22 - UNDERIDE - SIDE
	15 - CARGO SHIFT	90 - OTHER*
		99 - UNKNOWN

M. C. SOURCE - SOURCE OF IDENTIFICATION		
1 - CAB CARD	4 - DRIVER	
2 - SHIPPING PAPERS	90 - OTHER*	
3 - SIDE OF VEHICLE		

DIRECT - PRE-ACCIDENT DIRECTION		
2 - NORTHEAST	6 - SOUTHWEST	
3 - EAST	7 - WEST	
4 - SOUTHEAST	8 - NORTHWEST	
5 - SOUTH	99 - UNKNOWN	
1 - NORTH		

RSTRNT - RESTRAINT DEVICE			
1 - SEAT BELT NOT INSTALLED	5 - PASSIVE BELT INSTALLED, USED	9 - CHILD RESTRAINT NOT INSTALLED	14 - HELMET NOT USED
2 - SEAT BELT INSTALLED, NOT USED	6 - PASSIVE BELT INSTALLED, CIRCUMVENTED	10 - CHILD RESTRAINT INSTALLED, NOT USED	15 - HELMET USED
3 - SEAT BELT INSTALLED, USED	7 - AIRBAG DEPLOYED, SEATBELT USED	12 - CHILD RESTRAINT INSTALLED, USED	90 - OTHER*
4 - SEAT BELT INSTALLED, IMPROPERLY USED	8 - AIRBAG DEPLOYED, SEATBELT NOT USED	13 - CHILD RESTRAINT IMPROPERLY USED	99 - UNKNOWN

POSITN - OCCUPANT SEAT POSITION	
1 - FRONT LEFT	
2 - FRONT CENTER	
3 - FRONT RIGHT	
4 - SECOND SEAT LEFT	
5 - SECOND SEAT CENTER	
6 - SECOND SEAT RIGHT	
7 - THIRD SEAT LEFT	
8 - THIRD SEAT CENTER	
9 - THIRD SEAT RIGHT	
10 - OUTSIDE OF VEHICLE	
11 - MOTORCYCLE/SNOWMOBILE/BICYCLE DRIVER	
12 - MOTORCYCLE/SNOWMOBILE/BICYCLE PASSENGER ON UNIT	
13 - MOTORCYCLE/SNOWMOBILE/BICYCLE PASSENGER ON TRAILER/SIDECAR	
90 - OTHER*	
99 - UNKNOWN	

EJECT - EJECTION

0 - NOT APPLICABLE
1 - TRAPPED, EXTRICATED
2 - PARTIALLY EJECTED
3 - EJECTED
4 - NOT EJECTED
99 - UNKNOWN

INJCOD - INJURY CODE

K - KILLED
A - INCAPACITATING INJURY
B - NON-INCAPACITATING INJURY
C - POSSIBLE INJURY
N - NO APPARENT INJURY
X - UNKNOWN

Minnesota

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PAGE _____ OF _____

MISSISSIPPI UNIFORM ACCIDENT REPORT

58 CASE NUMBER LOCAL AGENCY

54 CASE NUMBER (DPS USE ONLY)

55 AGENCY FILING THIS REPORT

56 CODE

57 STATION-PRECINCT-DISTRICT

59 DATE OF COLLISION		60 DAY OF COLLISION		61 TIME (USE 2400 HRS)		62 NO. OF VEHICLES		63 NUMBER KILLED		64 NUMBER INJURED		65 TIME (USE 2400 HRS)		66 COUNTY		67 CITY OR TOWN											
MONTH	DAY	YEAR	S	M	T	W	TH	F	S																		
68 ON: HIGHWAY, STREET OR ROAD, ETC.										69 AT		70		NEAREST INT., CO. LINE, ETC.													
										<input type="checkbox"/> INTER WITH		<input type="checkbox"/> FT		<input type="checkbox"/> N		<input type="checkbox"/> E											
										<input type="checkbox"/> NON INTER		<input type="checkbox"/> MI		<input type="checkbox"/> S		<input type="checkbox"/> W											
71 V 1 PARKED VEH.		PEDESTRIAN		PEDALCYCLIST		100 V 2 PARKED VEH.		PEDESTRIAN		PEDALCYCLIST																	
72 DRIVER'S LAST NAME FIRST NAME MI										101 DRIVER'S LAST NAME FIRST NAME MI																	
73 NUMBER AND STREET										102 NUMBER AND STREET																	
74 CITY STATE										103 CITY STATE																	
75 DRIVER'S LICENSE NUMBER										76 STATE		77 DOB		78 RACE		79 SEX		104 DRIVER'S LICENSE NUMBER		105 STATE		106 DOB		107 RACE		108 SEX	
80 SOCIAL SECURITY NO.										109 SOCIAL SECURITY NO.																	
<input type="checkbox"/> SAME AS D.L. #										<input type="checkbox"/> SAME AS D.L. #																	
81 INSURANCE CO. OR AGENT DRIVER STATEMENT										110 INSURANCE CO. OR AGENT DRIVER STATEMENT																	
82 PLACE OF EMPLOYMENT										111 PLACE OF EMPLOYMENT																	
83 OWNERS LAST NAME FIRST MI										112 OWNERS LAST NAME FIRST MI																	
<input type="checkbox"/> SAME AS DRIVER										<input type="checkbox"/> SAME AS DRIVER																	
84 NUMBER AND STREET										113 NUMBER AND STREET																	
85 CITY STATE										114 CITY STATE																	
86 VEH. COLOR										115 VEH. COLOR																	
87 MAKE OF VEHICLE										88 YEAR		89 LICENSE PLATE NO.		90 ST. YR.		116 MAKE OF VEHICLE		117 YEAR		118 LICENSE PLATE NO.		119 ST. YR.					
91 VEHICLE REMOVED TO										120 VEHICLE REMOVED TO																	
92 VEHICLE REMOVED BY										121 VEHICLE REMOVED BY																	
93 AUTH. 1. OWNER 2. DRIVER 3. POLICE										122 AUTH. 1. OWNER 2. DRIVER 3. POLICE																	
94 EST. PROP. DAMAGE <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY										124 EST. PROP. DAMAGE <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY																	
95 ACCIDENT DESCRIPTION										126 DIAGRAM																	
96 ALCOHOL DATA DRIVER NO. 1										125 ALCOHOL DATA DRIVER NO. 2																	
Test Given Test Type Test Results										Test Given Test Type Test Results																	
YES BREATH										YES BREATH																	
NO BLOOD <input type="checkbox"/> JUVENILE										NO BLOOD <input type="checkbox"/> JUVENILE																	
REFUSED URINE										REFUSED URINE																	
127 WITNESSES																											
NAME ADDRESS AGE SEX RACE																											
NAME ADDRESS AGE SEX RACE																											
128 INVESTIGATED AT SCENE <input type="checkbox"/> NO <input type="checkbox"/> YES										129 PHOTOS TAKEN? <input type="checkbox"/> NO <input type="checkbox"/> YES BY WHOM?																	
130 CITATION TO CITATION NUMBER										CHARGE NAME OF COURT																	
131 OFFICER'S SIGNATURE										132 BADGE NUMBER 133 REVIEWED BY (BADGE NUMBER) 134 STATUS																	
21 22 23 24 25 26 27 28 29										30 NAMES - ADDRESSES OF ALL OCCUPANTS & PEDESTRIANS																	
A																											
B																											
C																											
D																											
E																											
F																											
G																											
H																											

Mississippi

1 - ORIG. AGENCY

SR - 3
(10-84)

MISSISSIPPI UNIFORM ACCIDENT REPORT

ACCIDENT TYPE Run off Road 1 Right 2 Left 3 Straight Non-Coll. in Road 4 Overturn 5 Fall from Vehicle 6 Other in Road Coll. of MV in road with: 7 Pedestrian 8 Parked vehicle 9 Train 10 Bicycle 11 Animal 12 Fixed object 13 Other object Coll. with ORV in Road 14 Rear end stop or stop 15 Rear end turn 16 Left turn same roadway 17 Left turn cross traffic 18 Right turn cross traffic 19 Head-on 20 Sideswipe 21 Angle 22 Other			VISION OBSCUREMENT 1 Rain, snow, fog on windshield 2 Windshield obscured - other 3 Vision blocked by load on vehicle 4 Vision blocked by trees, bushes 5 Vision blocked by building 6 Vision blocked by embankment 7 Vision blocked by signboards 8 Vision blocked by foliage 9 Vision blocked by parked veh 10 Vision blocked by moving veh 11 Driver blinded by headlights 12 Vision not obscured			Veh 1 31 Veh 2 32	
OBJECT STRUCK 1 Utility Pole 2 Trees 3 Center barrier median island 4 Curb, catch basin, culvert 5 Guard rail 6 Sign post 7 Signal standard 8 Abutment, embankment wall 9 Building, telephone booth 13 Bicycle 14 Animal 15 Other			TRAFFIC CONTROL 1 Stop sign 2 Stop and go signal 3 Yield sign 4 Flashing signal 5 Railroad flasher 6 Railroad gate and flasher 7 No passing zone 8 Channelization - painted 9 Channelization - physical 10 Other 11 No control present 12 Other			Veh 1 33 Veh 2 34	
ROAD SYSTEM 1 Interstate 2 State Highway 3 U S Highway 4 County Road 5 Municipal City 6 State Park 7 Other 8 Parking Lot Private Property 9 Off Roadway			TRAFFIC CONTROL FUNCTIONING 1 Not Functioning 2 Functioning Properly 3 Functioning Improperly 4 Not Known			35	
PHYSICAL CONDITION OF DRIVER OR PEDESTRIAN 1 Obviously intoxicated 2 Had been drinking - ability impaired 3 Same - ability not impaired 4 Sleepy, Fatigued 5 Other bodily defects-infirmities 6 Affected by exhaust fumes 7 Using drugs - ability impaired 8 Same-ability not impaired 9 No defects apparent 10 Unknown 11 Hit and Run 12 Pending-Lab results			LIGHT CONDITION 1 Daylight 2 Dawn or dusk 3 Darkness, no street lights 4 Darkness, street lighted			36	
DRIVERS LICENSE 1 Valid license 2 No license 3 Expired license 4 Suspended license 5 Suspended - DUI 6 Learner Permit 7 Improper DL 8 Other			WEATHER CONDITION 1 Clear 2 Rainy 3 Snowing 4 Fog 5 Dust 6 High wind 7 Cloudy 8 Other			37	
DRIVERS LICENSE RESTRICTIONS 1 Corrective lens 2 Full hand equipment 3 Outside rearview mirror 4 Daylight driving 5 Custom equipment 6 Pnt-Tk Comm - Pass 7 Automatic transmission 8 Mechanical signals 9 45 MPH 10 Re-examine before renewal 11 Grip on steering wheel 12 Motor driven cycle 13 Company owned vehicle 14 None 15 Other			ROAD CONDITION 1 No defect 2 Defective shoulder 3 Holes, ruts, etc 4 Foreign Material 5 Loose surface material 6 Obstruction not lighted 7 Road under construction 8 Road closed			38	
TYPE OF MOTOR VEHICLE 1 Regular passenger car 2 Compact passenger car 3 Pickup 4 Station Wagon Van 5 Passenger Van and Trailer 6 Truck or truck tractor 7 Truck tractor and semi-trailer 8 Other truck combination 9 Farm tractor or farm equipment 10 Tractor 11 Motorcycle 12 All-terrain (ATV) 13 Recreation vehicle 14 School Bus 15 Bus 16 Emer. Veh 17 Other			ROAD CHARACTER (LANE) 1 One-lane road or alley 2 Two-lane road 3 Three-lane road 4 Four-lane road 5 Divided road or one way street 6 Freeway 7 Unpaved road any size 8 Parking Lot			39	
VEHICLE CONDITION 1 Defective brakes 2 No trailer brakes 3 Defective steering 4 Defective headlights 5 Defective taillights 6 Defective turn signal 7 Puncture or blowout 8 Fire and/or explosion 9 Sick or unsafe tires 10 Other defects 11 Defects not known 12 No defects apparent			ROAD CHARACTER (DESIGN) 1 Bridge or underpass 2 Straight and level 3 Straight and grade 4 Straight and hill crest 5 Curve and level 6 Curve and grade 7 Curve and hillcrest 8 Intersection of two roadways 9 Non-intersection median crossover 10 Non-intersection private drive 11 End or beginning of divided highway 12 Other			40	
DIRECTION OF TRAVEL 1 North 2 South 3 East 4 West 5 Northeast 6 Southeast 7 Northwest 8 Southwest			ROAD SURFACE CONDITION 1 Dry 2 Wet 3 Snowy, icy 4 Other 5 Unknown			41	
DIRECTION OF TRAVEL TWO OR MORE VEHICLES Both Vehicles Entered Intersection 1 At angle 2 From same direction 3 From opposite direction Non Intersection, Both Vehicles Going: 4 In opposite direction 5 In same direction 6 At angle			ROAD SURFACE TYPE 1 Concrete 2 Asphalt 3 Gravel 4 Dirt 5 Other			42	
VEHICLE ACTION 1 Going straight ahead 2 Making right turn 3 Making left turn 4 Making U turn 5 Slowing/stopping in trafficway 6 Entering/parking position 7 Parked 8 Leaving parked position 9 Backing 10 Overtaking, passing 11 Avoiding vehicle, object, pedestrian 12 In lane 13 Stopped in lane for traffic 14 Unknown			ROAD DIVIDED BY 1 Metal barrier 2 Concrete barrier 3 Concrete island 4 Grass median 5 None 6 Wooded barrier 7 Other			43	
PEDESTRIAN ACTION 1 Crossing road at intersection 2 Crossing road - non-intersection 3 Walking in road with traffic 4 Walking in road against traffic 5 Standing in road 6 Getting on or off vehicle 7 Working on or pushing vehicle 8 Working on or in road 9 Playing in road 10 In road - other reason 11 Not in road 12 Hitch-hiking			CONTRIBUTING CIRCUMSTANCES 1 No improper driving 2 Exceeded lawful speed 3 Speed too fast for conditions 4 Failed to yield right of way 5 Improper passing/overtaking 6 Drove on wrong side of road 7 Passed stop sign 8 Following too closely 9 Made improper turn 10 Faulty equipment 11 Inattention 12 Driving under influence 13 Roadway defects 14 Pedestrian actions 15 Animal on highway 16 Other			Veh 1 44 Veh 2 45	
PEDESTRIAN CLOTHING 1 Light 2 Dark			TYPE EMERGENCY MEDICAL SERVICE 1 None 2 Commercial or private unit 3 Municipal or volunteer unit 4 Hospital based unit 5 State or federal unit 6 Type unknown 7 Two or more types 8 Other 9 Unknown			46	
WHICH VEHICLE OCCUPIED 1 Veh 1 2 Veh 2 3 Pedestrian 4 Other			EXTRICATION 1 Yes 2 No			47	
POSITION IN ON VEHICLE 1 Driver 2 Passenger 3 Other			RE-EXAMINE DRIVER 1 Veh 1 2 Veh 2 3 Both 4 No			48	
SAFETY EQUIPMENT USED 1 No restraint used 2 Lap Belt 3 Harness 4 Lap Belt & Harness 5 Child Restraint 6 Helmet 7 Air Bag 8 Other			POLICE ENFORCEMENT ACTION 1 DUI arrest 2 Cited for accident cause 3 Cited other cause 4 Arrested - other 5 No enforcement action			Veh 1 49 Veh 2 50	
EJECTION FROM VEHICLE 1 Not Ejected 2 Partial Ejection 3 Ejected			VICTIM'S PHYSICAL CONDITION A Killed B Moderate Injury C Complaint of Pain D No Injury			Veh 1 51 Veh 2 52	
AGE 1 0-4 2 5-9 3 10-14 4 15-19 5 20-24 6 25-29 7 30-34 8 35-39 9 40-44 10 45-49 11 50-54 12 55-59 13 60-64 14 65-69 15 70-74 16 75-79 17 80-84 18 85-89 19 90-94 20 95-99			INJURED TAKEN TO 1 Hospital 2 Home 3 Other			30	
INITIAL IMPACT 10 UNDER CAR 11 OVERTURNED 12 TOTALLED 13 NONE OR UNKNOWN 14 OTHER			OTHER DAMAGE 10 UNDER CAR 11 OVERTURNED 12 TOTALLED 13 NONE OR UNKNOWN 14 OTHER			Veh 1 53 Veh 2 54	

MISSOURI UNIFORM ACCIDENT REPORT

PAGE _____ OF _____

1. AGENCY NAME AND ORI				FOR STATE USE ONLY ROUTED		LEFT THE SCENE V1 <input type="checkbox"/> V2 <input type="checkbox"/> CLEARED YES <input type="checkbox"/> NO <input type="checkbox"/>		COMPLAINT/REPORT CASE NUMBER		
MISSOURI STATE HIGHWAY PATROL										
ACCIDENT CLASSIFICATION		NUMBER OF VEHICLES INVOLVED		ACCIDENT DATE		ACCIDENT TIME (MIL.)		TIME NOTIFIED (MIL.)		
PROPERTY DAMAGE ONLY <input type="checkbox"/>		NUMBER INJURED						TIME ARRIVED (MIL.)		
NUMBER KILLED								INVESTIGATION DATE		
2. LOCATION		COUNTY		MUNICIPALITY		SEAT/ZONE		INVESTIGATED AT SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO		
ON		DISTANCE FROM		DIRECTION		AT INTERSECTING STREET/ROADWAY				
LOG POINT		SPEED LIMIT		GEO - CODE		FEET		MILES		
						DIRECTION		SPEED LIMIT		
						DIRECTION		GEO - CODE		
ROAD MAINTAINED BY		<input type="checkbox"/> 1. STATE		<input type="checkbox"/> 2. COUNTY		<input type="checkbox"/> 3. MUNICIPAL		<input type="checkbox"/> 4. PRIVATE PROPERTY		
								<input type="checkbox"/> 5. OTHER		
3. DAMAGE TO PROPERTY OTHER THAN VEHICLES - GIVE NAME, OWNERSHIP, NATURE OF DAMAGE AND DESCRIPTION OF OBJECT(S).										
4. DRIVER 1					5. DRIVER 2					
DRIVERS FULL NAME (LAST, FIRST, MI)					DRIVERS FULL NAME (LAST, FIRST, MI)					
ADDRESS CITY STATE ZIP					ADDRESS CITY STATE ZIP					
DRIVERS LICENSE NUMBER STATE TYPE OF LICENSE					DRIVERS LICENSE NUMBER STATE TYPE OF LICENSE					
<input type="checkbox"/> 1. Permit <input type="checkbox"/> 2. For Hire					<input type="checkbox"/> 1. Permit <input type="checkbox"/> 2. For Hire					
<input type="checkbox"/> 3. Oper <input type="checkbox"/> 4. Unlic					<input type="checkbox"/> 3. Oper <input type="checkbox"/> 4. Unlic					
<input type="checkbox"/> 5. MC only <input type="checkbox"/> 6. CDL					<input type="checkbox"/> 5. MC only <input type="checkbox"/> 6. CDL					
INSURANCE COMPANY PROOF SHOWN <input type="checkbox"/> YES <input type="checkbox"/> NO					INSURANCE COMPANY PROOF SHOWN <input type="checkbox"/> YES <input type="checkbox"/> NO					
<input type="checkbox"/> Not Required MC Qual <input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> Not Required MC Qual <input type="checkbox"/> YES <input type="checkbox"/> NO					
YEAR MAKE MODEL COLOR					YEAR MAKE MODEL COLOR					
VIN LIC. PLATE NO. STATE YEAR					VIN LIC. PLATE NO. STATE YEAR					
VEHICLE OWNER NAME (LAST, FIRST, MI)/COMMERCIAL CARRIER					VEHICLE OWNER NAME (LAST, FIRST, MI)/COMMERCIAL CARRIER					
ADDRESS CITY STATE ZIP					ADDRESS CITY STATE ZIP					
VEHICLE DAMAGE INITIAL IMPACT #					VEHICLE DAMAGE INITIAL IMPACT #					
Circle all Damaged Areas					Circle all Damaged Areas					
TOWED <input type="checkbox"/> YES <input type="checkbox"/> NO TOW CO.					TOWED <input type="checkbox"/> YES <input type="checkbox"/> NO TOW CO.					
6. SEAT LOCATION					INJURY		TRANSPORTED		EJECTION	
XX - Not Known					1. Fatal		1. No		1. None/NA	
OE - Occupant - Enclosed Load Area					2. Disabling		2. EMS		2. Partially	
OU - Occupant - Unenclosed Load Area					3. Evident - Not Disabling		3. Other		3. Totally	
P - Pedestrian					4. Probable - Not Apparent		4. Unknown		4. Unknown	
FC - FC SC TC					5. None Apparent		5. None		5. None	
FL - FL SL TL					6. Unknown		6. Unknown		6. Unknown	
SV - Other (Explain in Remarks)										
SAFETY DEVICES										
1. None									7. Helmet Used	
2. Not Used									8. Helmet Not Used	
3. Shoulder Belt Only									9. Use Unknown	
4. Lap Belt Only										
5. Shoulder and Lap Belt										
6. Child Restraint										
7. DRIVER 1					NAME		ADDRESS		DATE OF BIRTH	
7. DRIVER 2					NAME		ADDRESS		DATE OF BIRTH	
8. OTHER OCCUPANTS					NAME		ADDRESS		DATE OF BIRTH	
9. WITNESSES					NAME		ADDRESS		DATE OF BIRTH	


INVESTIGATING AGENCY SEND TO: MISSOURI STATE HIGHWAY PATROL - TRAFFIC DIVISION - P.O. BOX 568 - JEFFERSON CITY, MO 65102

SHP-2N 6/95

Missouri

18. VEHICLE BODY TYPES AUTOMOBILES / SPECIAL VEHICLES V1 V2 <input type="checkbox"/> 1. Passenger Car <input type="checkbox"/> 2. Station Wagon <input type="checkbox"/> 3. Sport Utility Vehicle <input type="checkbox"/> 4. Van / Small Bus - Less Than 16 Seating Cap. <input type="checkbox"/> 5. Bus - 16 or More Seating Cap. <input type="checkbox"/> 6. School Bus - Less Than 16 Seating Cap. <input type="checkbox"/> 7. School Bus - 16 or More Seating Cap. <input type="checkbox"/> 8. Motorcycle <input type="checkbox"/> 9. ATV <input type="checkbox"/> 10. Moped <input type="checkbox"/> 11. Bicycle <input type="checkbox"/> 12. Motor Home / Camper <input type="checkbox"/> 13. Farm Implement <input type="checkbox"/> 14. Construction Equipment <input type="checkbox"/> 15. Other Transport Devices <input type="checkbox"/> 16. Unknown <input type="checkbox"/> 17. Pick-up <input type="checkbox"/> 18. Single Unit Truck <input type="checkbox"/> A. Vehicle Pulling Another Unit(s) <input type="checkbox"/> 19. Truck Tractor With Single Unit <input type="checkbox"/> 20. Truck Tractor With Multi-Unit If box 17, 18, 19, or 20 is checked, complete the following: V1 _____ Axles _____ Tires _____ V2 _____ Axles _____ Tires _____		11. HAZARDOUS MATERIALS V1 V2 <input type="checkbox"/> A. Gases in Bulk <input type="checkbox"/> NA <input type="checkbox"/> B. Solids in Bulk <input type="checkbox"/> C. Liquids in Bulk <input type="checkbox"/> D. Explosives <input type="checkbox"/> A. Hazardous Materials Released / Spilled <input type="checkbox"/> PLACARD DISPLAYED 12. EMERGENCY VEHICLE INVOLVEMENT V1 V2 <input type="checkbox"/> 1. Police <input type="checkbox"/> NA <input type="checkbox"/> 2. Fire <input type="checkbox"/> 3. Ambulance <input type="checkbox"/> 4. Other (Must Check 'A') <input type="checkbox"/> A. Emergency Vehicle on Emergency Run		14. PROBABLE CONTRIBUTING CIRCUMSTANCES V1 V2 <input type="checkbox"/> 1. Speed - Exceeded Limit <input type="checkbox"/> 2. Too Fast for Conditions <input type="checkbox"/> 3. Improper Passing <input type="checkbox"/> 4. Violation Signal / Sign <input type="checkbox"/> 5. Wrong Side (Not Passing) <input type="checkbox"/> 6. Following Too Close <input type="checkbox"/> 7. Improper Signal <input type="checkbox"/> 8. Improper Backing <input type="checkbox"/> 9. Improper Turn <input type="checkbox"/> 10. Improper Lane Usage / Change <input type="checkbox"/> 11. Wrong Way (One-Way) <input type="checkbox"/> 12. Improper Start From Park <input type="checkbox"/> 13. Improperly Parked <input type="checkbox"/> 14. Vehicle Defects <input type="checkbox"/> 15. Failed to Yield <input type="checkbox"/> 16. Driving <input type="checkbox"/> 17. Drugs <input type="checkbox"/> 18. Physical Impairment <input type="checkbox"/> 19. Inattention <input type="checkbox"/> 20. None 15. VISION OBSCURED V1 V2 <input type="checkbox"/> 1. Windshield <input type="checkbox"/> 2. Load on Vehicle <input type="checkbox"/> 3. Trees / Brush <input type="checkbox"/> 4. Building <input type="checkbox"/> 5. Embankment <input type="checkbox"/> 6. Signboards <input type="checkbox"/> 7. Hillcrest <input type="checkbox"/> 8. Parked Cars <input type="checkbox"/> 9. Moving Cars <input type="checkbox"/> 10. Other (Explain in Remarks) <input type="checkbox"/> 11. Not Obscured		16. TRAFFIC CONTROL V1 V2 <input type="checkbox"/> 1. Stop Sign <input type="checkbox"/> 2. Elec. Signal <input type="checkbox"/> 3. RR Signal / Gate <input type="checkbox"/> 4. Yield Sign <input type="checkbox"/> 5. Officer / Flagman <input type="checkbox"/> 6. No Passing Zone <input type="checkbox"/> 7. Turn Restricted <input type="checkbox"/> 8. Construction Zone <input type="checkbox"/> 9. School Bus Signal <input type="checkbox"/> 10. None 17. PEDESTRIAN ACTIONS <input type="checkbox"/> NA P1 P2 INTERSECTION <input type="checkbox"/> 1. With Signal <input type="checkbox"/> 2. Against Signal <input type="checkbox"/> 3. No Signal <input type="checkbox"/> 4. Diagonally NOT AT INTERSECTION <input type="checkbox"/> 5. Behind / In Front Of Parked Car <input type="checkbox"/> 6. Walking With Traffic <input type="checkbox"/> 7. Walking Against Traffic <input type="checkbox"/> 8. Getting On / Off vehicle <input type="checkbox"/> 9. Standing / Lying in Road <input type="checkbox"/> 10. Pushing / Working on Vehicle <input type="checkbox"/> 11. Other Working <input type="checkbox"/> 12. Playing in Road <input type="checkbox"/> 13. Other Than Crosswalk <input type="checkbox"/> 14. Off Roadway <input type="checkbox"/> 15. Crosswalk Marked																																																		
19. ACCIDENT TYPE COLLISION INVOLVING <input type="checkbox"/> 1. Animal <input type="checkbox"/> 2. Bicyclist or Pedalcyclist <input type="checkbox"/> 3. Fixed Object <input type="checkbox"/> 4. Other Object <input type="checkbox"/> 5. Pedestrian <input type="checkbox"/> 6. Train <input type="checkbox"/> 7. MV in Transport <input type="checkbox"/> 8. MV on Other Roadway <input type="checkbox"/> 9. Parked MV NON-COLLISION <input type="checkbox"/> 10. Overturning <input type="checkbox"/> 11. Other Non-Collision <input type="checkbox"/> 1. On Roadway <input type="checkbox"/> 2. Off Roadway		20. LIGHT CONDITION <input type="checkbox"/> 1. Daylight <input type="checkbox"/> 2. Dark With Street Lights On <input type="checkbox"/> 3. Dark With Street Lights Off <input type="checkbox"/> 4. Dark - No Street Lights		21. WEATHER <input type="checkbox"/> 1. Clear <input type="checkbox"/> 2. Cloudy <input type="checkbox"/> 3. Rain <input type="checkbox"/> 4. Snow <input type="checkbox"/> 5. Sleet <input type="checkbox"/> 6. Freezing <input type="checkbox"/> 7. Fog or Mist		22. ROAD SURFACE <input type="checkbox"/> 1. Concrete <input type="checkbox"/> 2. Asphalt <input type="checkbox"/> 3. Brick <input type="checkbox"/> 4. Gravel <input type="checkbox"/> 5. Dirt / Sand <input type="checkbox"/> 6. Multi-Surface		23. ROAD CONDITION <input type="checkbox"/> 1. Dry <input type="checkbox"/> 2. Wet <input type="checkbox"/> 3. Snow <input type="checkbox"/> 4. Ice <input type="checkbox"/> 5. Mud 24. ROAD TYPE 1 <input type="checkbox"/> 1. Straight <input type="checkbox"/> 2. Curve 25. ROAD TYPE 2 <input type="checkbox"/> 1. Level <input type="checkbox"/> 2. Hill / Grd <input type="checkbox"/> 3. Crest																																																
19. TWO VEHICLE COLLISION (To be completed only if Accident Type Box 7, 8, or 9 is checked). <input type="checkbox"/> 50. Head On <input type="checkbox"/> 62. Sideswipe - Meeting <input type="checkbox"/> 64. Angle <input type="checkbox"/> 67. Other <input type="checkbox"/> 51. Rear End <input type="checkbox"/> 63. Sideswipe - Passing <input type="checkbox"/> 65. Backed Into																																																								
26A. CMV CRITERIA (Complete the following to determine if this section should be updated). Does this accident involve any of the following: 1. a person fatally injured, or 2. a person transported for medical attention; or 3. a vehicle towed from the scene of the accident <input type="checkbox"/> NO <input type="checkbox"/> YES → Examine each vehicle to determine if any are a commercial vehicle based on the following: 1. a truck with at least 2 axles and 6 tires; or 2. a bus or school bus - 16 or more seating capacity; or 3. a vehicle with a hazardous materials placard <input type="checkbox"/> YES <input type="checkbox"/> NO → DO NOT COMPLETE SECTIONS 26 B - G Complete Sections 26 B - G for each commercial vehicle involved																																																								
26B. (Circle One) V1 ICC NO. or USDOT NO. _____ <input type="checkbox"/> NA Enter Commercial Carrier Name and Address in Section 4 or 5. V2 ICC NO. or USDOT NO. _____ <input type="checkbox"/> NA Enter Commercial Carrier Name and Address in Section 4 or 5. <div style="text-align: right;">FOR STATE USE ONLY FED. REF # _____ ST. CEN. # _____</div>																																																								
26C. VEHICLE CONFIGURATION V1 V2 <input type="checkbox"/> 1. Bus <input type="checkbox"/> 2. Single-unit Truck: 2 axle, 6 tires <input type="checkbox"/> 3. Single-unit Truck: 3 or more axles <input type="checkbox"/> 4. Single-unit Truck Pulling Trailer <input type="checkbox"/> 5. Truck Tractor With No Units <input type="checkbox"/> 6. Truck Tractor With One Unit <input type="checkbox"/> 7. Truck Tractor With Two Units <input type="checkbox"/> 8. Truck Tractor With Three Units <input type="checkbox"/> 9. Unknown Heavy Truck <input type="checkbox"/> 10. Other		26D. CARGO BODY TYPE V1 V2 <input type="checkbox"/> 1. Bus <input type="checkbox"/> 2. Van / Enclosed Box <input type="checkbox"/> 3. Cargo Tank <input type="checkbox"/> 4. Flatbed <input type="checkbox"/> 5. Dump <input type="checkbox"/> 6. Concrete Mixer <input type="checkbox"/> 7. Auto Transporter <input type="checkbox"/> 8. Garbage / Refuse <input type="checkbox"/> 9. Other		26E. SEQUENCE OF EVENTS (Circle 1, 2, 3, 4 in order of occurrence) <table border="0"> <tr> <td>V1</td> <td>V2</td> <td></td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4</td> <td>A. Ran Off Road</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4</td> <td>B. Jackknife</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4</td> <td>C. Overturn</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4</td> <td>D. Downhill Runaway</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4</td> <td>E. Cargo Loss or Shift</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4</td> <td>F. Explosion or Fire</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4</td> <td>G. Separation of Unit</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4</td> <td>H. Collision Involving Pedestrian</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4</td> <td>I. Collision Involving Motor Vehicle in Transport</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4</td> <td>J. Collision Involving Parked Motor Vehicle</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4</td> <td>K. Collision Involving Train</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4</td> <td>L. Collision Involving Pedalcycle</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4</td> <td>M. Collision Involving Animal</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4</td> <td>N. Collision Involving Fixed Object</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4</td> <td>O. Collision Involving Other Object</td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4</td> <td>P. Other</td> </tr> </table>		V1	V2		1 2 3 4	1 2 3 4	A. Ran Off Road	1 2 3 4	1 2 3 4	B. Jackknife	1 2 3 4	1 2 3 4	C. Overturn	1 2 3 4	1 2 3 4	D. Downhill Runaway	1 2 3 4	1 2 3 4	E. Cargo Loss or Shift	1 2 3 4	1 2 3 4	F. Explosion or Fire	1 2 3 4	1 2 3 4	G. Separation of Unit	1 2 3 4	1 2 3 4	H. Collision Involving Pedestrian	1 2 3 4	1 2 3 4	I. Collision Involving Motor Vehicle in Transport	1 2 3 4	1 2 3 4	J. Collision Involving Parked Motor Vehicle	1 2 3 4	1 2 3 4	K. Collision Involving Train	1 2 3 4	1 2 3 4	L. Collision Involving Pedalcycle	1 2 3 4	1 2 3 4	M. Collision Involving Animal	1 2 3 4	1 2 3 4	N. Collision Involving Fixed Object	1 2 3 4	1 2 3 4	O. Collision Involving Other Object	1 2 3 4	1 2 3 4	P. Other
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26F. HAZARDOUS MATERIAL PLACARD NUMBER / NAME INDICATOR <input type="checkbox"/> NA V1 4-Digit Placard Number / Name from Diamond / Box _____ V2 4-Digit Placard Number / Name from Diamond / Box _____ V1 Number From Bottom of Diamond _____ V2 Number From Bottom of Diamond _____		26G. GROSS VEHICLE WEIGHT RATING V1 _____ lbs. V2 _____ lbs.																																																						

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27. COLLISION DIAGRAM	Direction Prior to Impact (draw one)	V1 N E S W V2 N E S W	Est. Speed - Fatale Only V1 V2	 INDICATE NORTH
(train accidents only) Train speed estimate at collision _____ mph Lead engine number _____				
<div style="display: flex; justify-content: space-between;"> INDICATE ROAD NAMES DIAGRAM NOT TO SCALE </div>				

ACCIDENT REPORT

☐ CONTINUATION ☐ SUPPLEMENT

REPORT NO.

PAGE **OF**

TROOP

COUNTY

HIGHWAY

LOG POINT

ACCIDENT DATE

OFFICER'S SIGNATURE

BADGE

OTHER OCCUPANTS & PEDESTRIANS

[illegible]


WITNESSES

[illegible]

Missouri

Missouri

BLANK

STATE OF MONTANA										ACCIDENT INVESTIGATOR'S REPORT															
ACCIDENT NUMBER		YEAR	AGENCY	BADGE	MONTH	SEQ. NO.	DATE OF ACCIDENT		TIME	CITY		COUNTY													
OCCURRED ON										AT INTERSECTION OF															
										MILES		OF													
IF NOT AT INTERSECTION										OF		FUNCTIONAL CLASS		HIGHWAY		MILEPOST									
										FEET		MILES		N S E W											
										INDICATE NORTH WITH ARROW		<div style="text-align: center;">  </div>													
										FIRST HARMFUL EVENT															
										FIRST OBJECT HIT OFF RDWY.															
										INJURY SEVERITY															
										DAMAGE SEVERITY															
										CLASS OF TRAFFICWAY															
										BIKEWAY															
										GRADE & HORIZ. ALIGN.															
										ROADWAY RELATED LOC.															
										RELATIONSHIP TO JUNCTION															
										NUMBER OF VEHICLES															
										NUMBER OF PEDESTRIANS															
										NUMBER OF FATALITIES															
										NUMBER OF INJURIES															
										WEATHER CONDITION															
										ROAD CONDITION															
										LIGHT CONDITION															
										TRAFFIC CONTROLS															
										DAMAGE TO OTHER PROPERTY															
										TYPE															
										SEVERITY															
										OWNERSHIP															
										POSTED SPEED															
										ENGINEERING STUDY REQUEST															
										ACCIDENT ANALYSIS I															
										ACCIDENT ANALYSIS II															
										TYPE OF COLLISION															
OFFICER'S SIGNATURE										BADGE NO.		DEPT.		DATE		DATE NOTIFIED		TIME		DATE ARRIVED		TIME			
DRIVER NAME (LAST)										FIRST		MIDDLE		ADDRESS											
PEDESTRIAN																									
DRIVER LICENSE NUMBER										STATE		OPER. CHAUF. OTHER		DRIVER LICENSE STATUS		RESTRICTION COMPLIANCE		DATE OF BIRTH							
VIOLATION CODE										SUMMONS NO.				CONTRIBUTING		DRIVER									
VIOLATION CODE										SUMMONS NO.				FACTORS											
SEAT POSITION										NAME		ADDRESS		ALC		AGE		SEX		REL		LOC		NU	
FRONT CENTER																									
FRONT RIGHT																									
REAR LEFT																									
REAR CENTER																									
REAR RIGHT																									
INSURANCE CARRIER										THIS DRIVER PEDESTRIAN WAS HEADED N S E W ON															
POLICY NO.										VEHICLE NO.		INTENDED TO		WRECKER CO.											
PROPERTY DAMAGED BY THIS VEHICLE										PEDESTRIAN NO.		INTENDED TO		REQUESTED BY											
OWNER										VEHICLE MAKE		BODY		VEH. YEAR		VEHICLE DAMAGE (x) IF OVER \$4.00									
ADDRESS												TRLR													
VEHICLE ID NUMBER										LICENSE PLATE NO.		STATE		LIC. YEAR											
OWNER OF VEHICLE										ADDRESS															
DRIVER NAME (LAST)										FIRST		MIDDLE		ADDRESS											
PEDESTRIAN																									
DRIVER LICENSE NUMBER										STATE		OPER. CHAUF. OTHER		DRIVER LICENSE STATUS		RESTRICTION COMPLIANCE		DATE OF BIRTH							
VIOLATION CODE										SUMMONS NO.				CONTRIBUTING		DRIVER									
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ADDRESS												TRLR													
VEHICLE ID NUMBER										LICENSE PLATE NO.		STATE		LIC. YEAR											
OWNER OF VEHICLE										ADDRESS															

HQ-1599

7/87

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STATE OF MONTANA — ACCIDENT INVESTIGATION CODES

ACCIDENT NUMBER

YEAR
AGENCY CODE
BADGE NUMBER
MONTH
SEQUENCE NUMBER

ACCIDENT DATE

MONTH/DAY/YEAR

ACCIDENT TIME

(MILITARY 0001-2400)

CITY NUMBER

USE ONLY IF IN INCORPORATED LIMITS

COUNTY NUMBER

TWO DIGIT COUNTY NUMBER (01-56)

ACCIDENT LOCATION

(SEE MANUAL)

FIRST HARMFUL EVENT

- 01) OVERTURN
- 02) OTHER NON COLLISION
- 03) COLLISION WITH PEDESTRIAN
- 04) COLL. WITH M/V IN TRANSPORT
- 05) COLL. WITH M/V IN OTHER ROADWAY
- 06) COLL. WITH PARKED M/V
- 07) COLL. WITH RAILWAY TRAIN
- 08) COLL. WITH PEDICYCLE
- 09) COLL. WITH ANIMAL
- 10) COLL. WITH FIXED OBJECT
- 11) COLL. WITH OTHER OBJECT

FIRST OBJECT HIT OFF ROADWAY

- 01) END OF OVERPASS OR RIVER CROSSING
- 02) GUARDRAIL PROTECTING OVERPASS STRUCTURE
- 03) OVERPASS RAILING OR SIDE OF OVERPASS
- 04) END OF OVERPASS
- 05) PIER OF UNDERPASS
- 06) GUARDRAIL PROTECTING UNDERPASS
- 07) LIGHTING, POWER POLE, SIGNAL POLE
- 08) GUARDRAIL PROTECTING LIGHTING OR POWER POLE
- 09) SIGN
- 10) GUARDRAIL PROTECTING SIGN
- 11) MEDIAN GUARDRAIL
- 12) GUARDRAIL ALONG FILL
- 13) END OF GUARDRAIL
- 14) OTHER GUARDRAIL
- 15) TREE
- 16) CUT SLOPE
- 17) ROAD APPROACH
- 18) ROCK OR BOULDER
- 19) END OF DRAINAGE PIPE
- 20) BUILDING OR OTHER STRUCTURE
- 21) FENCE
- 22) RAISED MEDIAN OR CURB
- 23) OTHER OBJECT
- 24) NO OBJECT HIT
- 25) UNKNOWN
- 26) DELINEATOR
- 27) MAIL BOX (BOXES)
- 28) FIRE HYDRANT
- 29) FILL SLOPE

INJURY SEVERITY

- 0) NO INJURY
- 1) FATAL
- 2) INCAPACITATING (CANNOT PERFORM NORMALLY)
- 3) NON INCAPACITATING (EVIDENCE OF INJURY)
- 4) POSSIBLE INJURY (APPARENT SYMPTOMS)

DAMAGE SEVERITY

- 0) NO DAMAGE
- 1) DISABLING DAMAGE
- 2) FUNCTIONAL DAMAGE
- 3) OTHER MOTOR VEHICLE DAMAGE

CLASS OF TRAFFIC WAY

- 1) INTERSTATE
- 2) U.S. ROUTE
- 3) SECONDARY ROUTE (MT., SECONDARY, FAU)
- 4) COUNTY OR RURAL ROUTE
- 5) LOCAL STREET
- 6) PRIVATE ROUTE

BIKEWAY

- 0) NO BICYCLE INVOLVED
- 1) BIKEWAY SEPARATED FROM ROADWAY
- 2) BIKEWAY ADJACENT TO ROADWAY
- 3) NO BIKEWAY OR BIKE ROUTE
- 4) BIKE ROUTE

GRADE AND HORIZONTAL ALIGNMENT

- 1) ROAD IS STRAIGHT-LEVEL
- 2) ROAD CURVES-LEVEL
- 3) ROAD IS STRAIGHT-GRADE
- 4) ROAD CURVES-GRADE

ROADWAY RELATED LOCATION

- 1) ON ROADWAY
- 2) OFF ROADWAY

RELATIONSHIP TO JUNCTION

- 0) NON JUNCTION
- 1) IN INTERSECTION
- 2) INTERSECTION RELATED
- 3) IN DRIVEWAY ACCESS

WEATHER CONDITION

- 1) CLEAR
- 2) RAINING
- 3) SNOWING
- 4) FOG
- 5) OVERCAST/CLOUDY

HQ-1600

ROAD CONDITION

- 1) DRY
- 2) WET
- 3) SNOWY
- 4) ICY
- 5) SLUSHY
- 6) NATURAL DEBRIS

LIGHT CONDITION

- 1) DAYLIGHT
- 2) DAWN OR DUSK
- 3) DARKNESS (LIGHTED)
- 4) DARKNESS (UNLIGHTED)

TRAFFIC CONTROLS

- 00) NONE
- 01) TRAFFIC SIGNALS
- 02) TRAFFIC SIGNALS NOT WORKING
- 03) TRAFFIC SIGNALS W/PEDESTRIAN HEADS
- 04) TRAFFIC SIGNALS W/PEDESTRIAN HEADS (NOT WORKING)
- 05) FLASHER
- 06) FLASHER NOT WORKING
- 07) STOP SIGN
- 08) YIELD SIGN
- 09) RAILROAD SIGNALS
- 10) RAILROAD SIGNAL NOT WORKING
- 11) RAILROAD GATES
- 12) RAILROAD GATES NOT WORKING
- 13) DO NOT ENTER SIGNS
- 14) OTHER REGULATORY SIGN
- 15) WARNING SIGN
- 16) PAVEMENT MARKINGS
- 17) TRAFFIC CONTROL DOWN/MISSING

OTHER DAMAGE TYPE

- 01) SIGNAL, LIGHTING, POWER POLE
- 02) SIGN
- 03) GUARDRAIL
- 04) BRIDGE
- 05) BUILDING
- 06) SHRUBBERY/TREES
- 07) MAINTENANCE EQUIPMENT
- 08) FIRE HYDRANT
- 09) ROAD SURFACE
- 10) DRAINAGE STRUCTURE
- 11) FENCE
- 12) BARRICADES
- 13) OTHER

OTHER DAMAGE SEVERITY

- 1) UNDER \$100
- 2) \$100 TO \$250
- 3) OVER \$250

OTHER DAMAGE OWNERSHIP

- 1) FEDERAL
- 2) STATE
- 3) COUNTY
- 4) CITY
- 5) PRIVATE

POSTED SPEED

(NUMERIC 00-55)

ENGINEERING STUDY

- 0) NONE
- 1) STUDY REQUESTED

ACCIDENT ANALYSIS CODES (I & II)

- 01) FAILED TO HAVE VEHICLE UNDER CONTROL (SPEED NOT INVOLVED)
- 02) INATTENTIVE DRIVING
- 03) INEXPERIENCE
- 04) BLACKOUT/HEART/STROKE/ETC.
- 05) FELL ASLEEP
- 06) TEMPORARY VISION IMPAIRMENT (EYES DILATED FOR EXAM, PATCH, ETC.)
- 07) TEMPORARY PHYSICAL IMPAIRMENT (NECK BRACE, SLING, CAST, ETC.)
- 08) AVOIDING ANOTHER VEHICLE
- 09) AVOIDING PEDESTRIAN—UNEXPECTED ACTION
- 10) STRIKING OR AVOIDING DOMESTIC ANIMAL IN ROADWAY
- 11) STRIKING OR AVOIDING WILD ANIMAL IN ROADWAY
- 12) STRIKING OR AVOIDING OTHER OBJECT IN ROADWAY
- 13) DISTRACTION WITHIN VEHICLE
- 14) DISTRACTION OUTSIDE VEHICLE
- 15) UNWARRANTED SLOWING
- 16) BLINDED BY GLARING LIGHTS OTHER THAN VEHICLE
- 17) PASSENGER FELL FROM VEHICLE
- 18) OCCUPANT RELEASED VEHICLE
- 19) IMPROPER HITCH
- 20) BLOW-OUT
- 21) LOAD SHIFTED
- 22) LOAD TOO WIDE
- 23) LOAD TOO HIGH
- 24) LOAD TOO LONG
- 25) VEHICLE FIRE
- 26) CARBON MONOXIDE POISONING
- 27) JACK-KNIFE
- 28) SUN GLARE
- 29) RAINING
- 30) SNOWING
- 31) WHITEOUT
- 32) BLOWING SNOW
- 33) WHITEOUT—MEETING OR FOLLOWING VEHICLE
- 34) DUST STORM
- 35) DUST CAUSED BY OTHER VEHICLE
- 36) ROAD SLIPPERY (CY)
- 37) OTHER WEATHER CONDITIONS
- 38) WINDY CONDITIONS
- 39) WATER ON ROADWAY
- 40) FOG/SMOKE
- 41) VIOLATION ON RESERVATION IN WHICH OFFICER HAS NO JURISDICTION
- 42) PAVEMENT MARKINGS WORN OR NOT VISIBLE
- 43) PEDESTRIAN NOT PLAINLY VISIBLE
- 44) NO SIDEWALK AVAILABLE
- 45) BIKEWAY OR BIKE ROUTE NOT USED
- 46) POLICE PURSUIT INVOLVED
- 47) STONE THROWN BY OTHER VEHICLE
- 00) NONE

TYPE OF COLLISION

- 1) HEAD ON
- 2) REAR END
- 3) ANGLE
- 4) SIDESWIPED MEETING
- 5) SIDESWIPED PASSING
- 6) BACKED INTO
- 7) OTHER
- 8) PARKING MANEUVER

DRIVER LICENSE STATUS

- 0) NO DRIVERS LICENSE
- 1) VALID DRIVERS LICENSE
- 2) PROBATIONARY
- 3) EXPIRED
- 4) CANCELLED/DENIED
- 5) REVOKED
- 6) SUSPENDED
- 7) LICENSE NOT VALID FOR VEHICLE TYPE
- 8) LEARNER'S PERMIT ONLY

DRIVERS LICENSE RESTRICTIONS COMPLIANCE

- 0) NOT APPLICABLE
- 1) COMPLIED WITH
- 2) DID NOT COMPLY WITH RESTRICTIONS

VISION OBSCURED BY:

- 0) NOT OBSCURED
- 1) PRIVATE STRUCTURE (BUILDING, FENCE, ETC.)
- 2) HIGHWAY RELATED STRUCTURE
- 3) TREES, OTHER VEGETATION
- 4) OTHER VEHICLE
- 5) SNOWBANK
- 6) SIGN/SIGNALPOST
- 7) HILL CURVE
- 9) UNKNOWN

ROAD DEFECTS

- 0) NO DEFECTS
- 1) HOLES
- 2) SHOULDER
- 3) LOOSE MATERIAL
- 4) CONSTRUCTION
- 5) RUTTED/GROOVED
- 6) BLEEDING PAVEMENT
- 7) WASHBOARD

MECHANICAL DEFECTS

- 0) NO APPARENT DEFECTS
- 1) LIGHT/SIGNALS
- 2) EXHAUST SYSTEM
- 3) WINDSHIELD/WINDOWS/WIPERS
- 4) TIRES/WHEELS
- 5) BRAKES
- 6) POWER TRAIN/FUEL SYSTEM
- 7) TRUCK COUPLING/TRAILER HITCH
- 8) SUSPENSION
- 9) STEERING

DRIVER RELATED

- 00) NO APPARENT VIOLATION
- 01) HAD BEEN DRINKING
- 02) RECKLESS DRIVING
- 03) SPEED TOO FAST FOR CONDITIONS
- 04) FAILED TO YIELD RIGHT OF WAY
- 05) IMPROPER PASSING
- 06) IMPROPER BACKING
- 07) IMPROPER TURN
- 08) FAIL TO SIGNAL
- 09) CARELESS DRIVING
- 10) FAIL TO DRIVE TO RIGHT OF ROADWAY
- 11) IMPROPER PARKING
- 12) IMPROPER LANE CHANGE
- 13) EXCEEDED POSTED SPEED
- 99) OTHER

ALCOHOL

- 0) NO DRINKING
- 1) DRINKING—ABILITY NOT IMPAIRED
- 2) DRINKING—ABILITY IMPAIRED—NO TEST
- 3) DRINKING—TEST REFUSED
- 4) DRINKING—BLOOD TEST
- 5) DRINKING—BREATH TEST
- 6) DRINKING—URINE TEST
- 7) DRINKING—OTHER TEST

PROTECTIVE RESTRAINT EQUIPMENT USED

- 0) NONE AVAILABLE/UNABLE TO DETERMINE
- 1) SEAT BELTS USED
- 2) SEAT BELTS NOT USED
- 3) AIR BAGS DEPLOYED
- 4) AIR BAGS NOT DEPLOYED
- 5) PASSIVE BELT
- 6) CHILD RESTRAINT USED
- 7) CHILD RESTRAINT NOT USED
- 8) MOTORCYCLE HELMET USED
- 9) DEVICE DISABLED

LOCATION AFTER IMPACT

- 0) NOT EJECTED OR TRAPPED
- 1) EJECTED (DEGREE NOT SPECIFIED)
- 2) TOTAL EJECTION
- 3) PARTIAL EJECTION
- 4) TRAPPED
- 5) NOT A MOTOR VEHICLE OCCUPANT
- 9) UNKNOWN

INJURY SEVERITY

- 0) NO INJURY
- 1) FATAL
- 2) INCAPACITATING (CANNOT PERFORM NORMALLY)
- 3) NON INCAPACITATING (EVIDENCE OF INJURY)
- 4) POSSIBLE INJURY (APPARENT SYMPTOMS)

VEHICLE INTENT

- 01) GO STRAIGHT AHEAD
- 02) OVERTAKE
- 03) MAKE RIGHT TURN
- 04) MAKE LEFT TURN
- 05) MAKE U TURN
- 06) SLOW OR STOP
- 07) START IN TRAFFIC LANE
- 08) START FROM PARKED POSITION
- 09) BACK
- 10) REMAIN STOPPED IN TRAFFIC LANE
- 11) REMAIN PARKED
- 12) LANE CHANGE
- 13) PARKING MANEUVER

PEDESTRIAN INTENT

- 01) CROSSING AT INTERSECTION OR IN CROSSWALK
- 02) CROSSING NOT AT INTERSECTION OR IN CROSSWALK
- 03) WALKING IN ROADWAY WITH TRAFFIC
- 04) WALKING IN ROADWAY AGAINST TRAFFIC
- 05) STANDING IN ROADWAY
- 06) PUSHING OR WORKING ON VEHICLE IN ROADWAY
- 07) OTHER WORKING IN ROADWAY
- 08) PLAYING IN ROADWAY
- 09) OTHER IN ROADWAY
- 10) NOT IN ROADWAY
- 11) NOT STATED

VEHICLE BODY STYLE

- 01) PASSENGER CAR (CATEGORY UNKNOWN)
- 02) MINI-BUS/VAN
- 03) BUS
- 04) SCHOOL BUS
- 05) PICKUP (CATEGORY UNKNOWN)
- 06) TRUCK/TRACTOR
- 07) MOTOR HOME
- 08) MOTOR CYCLE
- 09) AMBULANCE
- 10) FARM TRACTOR/FARM MACH.
- 11) CONSTRUCTION EQUIPMENT
- 12) PICKUP WITH CAMPER
- 13) BICYCLE
- 14) SNOWMOBILE
- 15) OTHER
- 16) FIRE TRUCK
- 17) SMALL PICKUP
- 18) STANDARD PICKUP
- 19) SUBCOMPACT CAR
- 20) COMPACT CAR
- 21) MID-SIZE CAR
- 22) LARGE PASSENGER CAR
- 23) SMALL STATION WAGON
- 24) MID-SIZE STATION WAGON
- 25) LARGE STATION WAGON
- 26) MOPED

TRAILER STYLE

- 0) NO TRAILER
- 1) CAMPING TRAILER
- 2) MOBILE HOME
- 3) UTILITY TRAILER (3000 & UNDER)
- 4) UTILITY TRAILER (OVER 3000)
- 5) SEMI CARGO TRAILER
- 6) FULL CARGO TRAILER
- 7) POLE TRAILER
- 8) TWO TRAILER UNIT
- 9) THREE TRAILER UNIT

Nebraska

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate
North
by Arrow

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

PROPERTY	OBJECT DAMAGED:	NAME OF OWNER:	ADDRESS:	PHONE:	APPROX. COST OF DAMAGE:
					\$
PROPERTY	OBJECT DAMAGED:	NAME OF OWNER:	ADDRESS:	PHONE:	APPROX. COST OF DAMAGE:
					\$
WITNESSES	NAME: ADDRESS:				PHONE:
	NAME: ADDRESS:				PHONE:
WAS INVESTIGATION MADE AT SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS INVESTIGATION COMPLETE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVER'S REPORT FORM FURNISHED TO? <input type="checkbox"/> 1 <input type="checkbox"/> 2	WERE PHOTOGRAPHS TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
				SHOULD LOCATION HAVE AN ENGINEERING STUDY? <input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER NO.:
INVESTIGATOR'S PRINTED OR TYPED NAME:		INVESTIGATOR'S SIGNATURE:		DEPARTMENT:	TROOP:
					MO. DAY YR.

STATE OF NEBRASKA

INVESTIGATOR'S SUPPLEMENTAL TRUCK AND BUS ACCIDENT REPORT

This form must be completed in addition to the DR Form 40, "Investigator's Motor Vehicle Accident Report," if any of the vehicles involved meet the criteria listed on the back of this form.

Sheet of









AGENCY CASE NUMBER:		DATE OF ACCIDENT:		COUNTY:	FOR STATE USE ONLY	
CITY:		OCCURRED ON HIGHWAY/ROAD/STREET:		Dist.		

TRUCK / BUS - 1			
DRIVER: (Print or type full name)		NUMBER OF AXLES (Including trailer)	GROSS VEHICLE WEIGHT RATING (Combined rating for vehicle and trailer) lbs.
CARRIER NAME: (Print or type full name)		CARRIER NAME SOURCE	CARRIER IDENTIFICATION NUMBER
CARRIER ADDRESS: (Street or R.F.D.)		1 <input type="checkbox"/> Vehicle Side	1 U.S. DOT
CITY, STATE, ZIP:		2 <input type="checkbox"/> Shipping Papers	2 ICC MC
		3 <input type="checkbox"/> Driver or Logbook	3 ST No.

COMMERCE CLASSIFICATION (check one)		TRUCK WIDTH (widest part of truck or trailer)	SEQUENCE OF EVENTS (Indicate the order of events by Code No. for this vehicle)		
1 <input type="checkbox"/> Interstate Commerce	1 <input type="checkbox"/> 96 inches	1 <input type="checkbox"/> 96 inches 2 <input type="checkbox"/> 102 inches 3 <input type="checkbox"/> Other (Specify)	SEQUENCE CODE NO.	CODE NO.	CODE NO.
2 <input type="checkbox"/> Intrastate Commerce			1st Event <input type="checkbox"/>	1 Ran off road	10 Collision with parked vehicle
3 <input type="checkbox"/> Not Applicable			2nd Event <input type="checkbox"/>	2 Jackknife	11 Collision with train
VEHICLE CONFIGURATION (check one)		CARGO BODY TYPE (check one)	3rd Event <input type="checkbox"/>	3 Overturn	12 Collision with pedalcycle
1 <input type="checkbox"/> Bus	1 <input type="checkbox"/> Bus	1 <input type="checkbox"/> Bus	4th Event <input type="checkbox"/>	4 Downhill runaway	13 Collision with animal
2 <input type="checkbox"/> Single-Unit Truck: 2 axles, 6 tires	3 <input type="checkbox"/> Van/Enclosed Box	3 <input type="checkbox"/> Van/Enclosed Box		5 Cargo loss or shift	14 Collision with fixed object
3 <input type="checkbox"/> Single-Unit Truck: 3 or more axles	4 <input type="checkbox"/> Cargo Tank	4 <input type="checkbox"/> Cargo Tank		6 Explosion or fire	15 Collision with other object
4 <input type="checkbox"/> Single-Unit Truck tractor (bobtail)	5 <input type="checkbox"/> Flatbed	5 <input type="checkbox"/> Flatbed		7 Separation of units	16 Other (Specify)
5 <input type="checkbox"/> Truck with Trailer	6 <input type="checkbox"/> Dump	6 <input type="checkbox"/> Dump		8 Collision with pedestrian	
6 <input type="checkbox"/> Tractor with Semi-Trailer	7 <input type="checkbox"/> Concrete Mixer	7 <input type="checkbox"/> Concrete Mixer		9 Collision with vehicle in transport	
7 <input type="checkbox"/> Tractor with Doubles	8 <input type="checkbox"/> Auto Transporter	8 <input type="checkbox"/> Auto Transporter			
8 <input type="checkbox"/> Tractor with Triples	9 <input type="checkbox"/> Garbage/Refuse	9 <input type="checkbox"/> Garbage/Refuse			
9 <input type="checkbox"/> Unknown Heavy Truck	10 <input type="checkbox"/> Other (Specify)	10 <input type="checkbox"/> Other (Specify)			

TRUCK / BUS - 2			
DRIVER: (Print or type full name)		NUMBER OF AXLES (Including trailer)	GROSS VEHICLE WEIGHT RATING (Combined rating for vehicle and trailer) lbs.
CARRIER NAME: (Print or type full name)		CARRIER NAME SOURCE	CARRIER IDENTIFICATION NUMBER
CARRIER ADDRESS: (Street or R.F.D.)		1 <input type="checkbox"/> Vehicle Side	1 U.S. DOT
CITY, STATE, ZIP:		2 <input type="checkbox"/> Shipping Papers	2 ICC MC
		3 <input type="checkbox"/> Driver or Logbook	3 ST No.

COMMERCE CLASSIFICATION (check one)		TRUCK WIDTH (widest part of truck or trailer)	SEQUENCE OF EVENTS (Indicate the order of events by Code No. for this vehicle)		
1 <input type="checkbox"/> Interstate Commerce	1 <input type="checkbox"/> 96 inches	1 <input type="checkbox"/> 96 inches 2 <input type="checkbox"/> 102 inches 3 <input type="checkbox"/> Other (Specify)	SEQUENCE CODE NO.	CODE NO.	CODE NO.
2 <input type="checkbox"/> Intrastate Commerce			1st Event <input type="checkbox"/>	1 Ran off road	10 Collision with parked vehicle
3 <input type="checkbox"/> Not Applicable			2nd Event <input type="checkbox"/>	2 Jackknife	11 Collision with train
VEHICLE CONFIGURATION (check one)		CARGO BODY TYPE (check one)	3rd Event <input type="checkbox"/>	3 Overturn	12 Collision with pedalcycle
1 <input type="checkbox"/> Bus	1 <input type="checkbox"/> Bus	1 <input type="checkbox"/> Bus	4th Event <input type="checkbox"/>	4 Downhill runaway	13 Collision with animal
2 <input type="checkbox"/> Single-Unit Truck: 2 axles, 6 tires	3 <input type="checkbox"/> Van/Enclosed Box	3 <input type="checkbox"/> Van/Enclosed Box		5 Cargo loss or shift	14 Collision with fixed object
3 <input type="checkbox"/> Single-Unit Truck: 3 or more axles	4 <input type="checkbox"/> Cargo Tank	4 <input type="checkbox"/> Cargo Tank		6 Explosion or fire	15 Collision with other object
4 <input type="checkbox"/> Single-Unit Truck tractor (bobtail)	5 <input type="checkbox"/> Flatbed	5 <input type="checkbox"/> Flatbed		7 Separation of units	16 Other (Specify)
5 <input type="checkbox"/> Truck with Trailer	6 <input type="checkbox"/> Dump	6 <input type="checkbox"/> Dump		8 Collision with pedestrian	
6 <input type="checkbox"/> Tractor with Semi-Trailer	7 <input type="checkbox"/> Concrete Mixer	7 <input type="checkbox"/> Concrete Mixer		9 Collision with vehicle in transport	
7 <input type="checkbox"/> Tractor with Doubles	8 <input type="checkbox"/> Auto Transporter	8 <input type="checkbox"/> Auto Transporter			
8 <input type="checkbox"/> Tractor with Triples	9 <input type="checkbox"/> Garbage/Refuse	9 <input type="checkbox"/> Garbage/Refuse			
9 <input type="checkbox"/> Unknown Heavy Truck	10 <input type="checkbox"/> Other (Specify)	10 <input type="checkbox"/> Other (Specify)			

EXAMPLES OF VEHICLE CONFIGURATION CATEGORIES			
1 BUS	2 SINGLE-UNIT (2 Axle; 6 Tire)	3 SINGLE-UNIT (3 or more axles)	4 SINGLE-UNIT TRUCK TRACTOR
			
5 TRUCK WITH TRAILER	6 TRACTOR WITH SEMI-TRAILER	7 TRACTOR WITH DOUBLES	8 TRACTOR WITH TRIPLES
			

INVESTIGATOR'S PRINTED OR TYPED NAME:	INVESTIGATOR'S SIGNATURE:	DEPARTMENT:	OFFICER NO.:	DATE OF REPORT:
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DR Form 174, Jan 95

MAIL TO: Highway Safety Division - Accident Records Bureau, Nebraska Department of Roads, P.O. Box 94669, Lincoln, NE 68509-4669.

Nebraska

Original size document - 8-1/2 X 11

General Instructions


This supplemental report must be completed in **addition** to the DR Form 40, Investigator's Motor Vehicle Accident Report for any:

1. truck having at least 2 axles and 6 tires;
2. vehicle displaying a hazardous materials placard; or
3. bus designed to transport 16 or more passengers **including** the driver.

You will need to complete additional supplementary forms if more than two trucks/buses were involved in the accident.

Data Elements

1. **Agency Case Number:** If your agency has assigned an internal case number to the accident, enter the number just as you did on the Investigator's Motor Vehicle Accident Report.
2. **Date of Accident and Location Information:** Enter this information just as you did on the Investigator's Motor Vehicle Accident Report.
3. **Driver Name:** Copy the name of the truck or bus driver from the Investigator's Motor Vehicle Accident Report.
4. **Number of Axles:** Indicate the number of axles, including auxiliary axles, under the vehicle or vehicle-combination.
5. **Gross Vehicle Weight Rating (GVWR):** Enter the gross weight specified by the manufacturer. The GVWR is usually found on the driver's side door-post or sometimes on the door itself. The GVWR for a vehicle towing a trailer or trailers is the sum of the ratings for each unit.
6. **Carrier Name and Address:** A motor carrier is defined as the person, company, or organization responsible for directing the transportation of the cargo or persons. The owner of the vehicle is often not the carrier. For further explanation, consult the "Instructions for Completing the Investigator's Motor Vehicle Accident Report" (*revised edition 1992*).
7. **Carrier Name Source:** Check the source you used to identify the "Carrier Name."
8. **Carrier Identification Number:** Carrier identification numbers are displayed on the side of the power unit. Vehicles engaged in interstate transport have either a six digit US DOT or ICC MC number. State numbers may be issued for interstate or intrastate commerce. Some trucks may not have an identifying number.
9. **Commerce Classification:** Check the "interstate commerce" box if the commercial vehicle can legally trade, traffic, or transport property across state lines. Mark the "intrastate commerce" box when the commercial vehicle is restricted to commerce within one state.
10. **Truck Width:** Measure the widest part of the truck or trailer and then check the appropriate box. If "other" is checked, specify the width in inches on the line provided.
11. **Vehicle Configuration:** Check the appropriate box. Selected examples of the vehicle configuration categories are presented at the bottom of the form.
12. **Cargo Body Style:** Check the appropriate box.
13. **Sequence of Events:** You are asked to identify and order the events of the accident relating to each truck or bus. Determine the events which describe the actions of the vehicle and then enter the proper code numbers in the order in which the events occurred (*first, second, third, or fourth*). Not all accidents will have more than one event, but indicate all that apply.
14. **Hazardous Material Involvement:** Determine if the vehicle has a HAZ MAT placard and then check the appropriate box. If a placard is present, indicate the 4-digit identification number or hazardous material name and the 1-digit HAZ MAT class number. Check whether or not hazardous cargo was released.
15. **Investigating Officer Information:** Complete this section and be sure to **sign** the report.

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INVESTIGATOR'S MOTOR VEHICLE ACCIDENT REPORT OVERLAY

INSTRUCTIONS ON REVERSE SIDE
Please explain any selection marked with
an asterisk (*) in the accident description.

Nebraska

ACCIDENT CLASSIFICATION

A. Weather Condition (Enter one)

- | | |
|----------------------------------|---------------|
| 1. No adverse conditions | 5. Fog |
| 2. Rain | 6. High winds |
| 3. Sleet, hail, or freezing rain | ★ 7. Other |
| 4. Snow | |

TEMPERATURE

B. Light Condition (Enter one)

- | | |
|----------------|--------------------------------|
| 1. Daylight | 3. Dark - With street lighting |
| 2. Dawn - Dusk | 4. Dark |

C. Traffic Control (Enter up to two)

- | | |
|------------------------------------|-------------------------------|
| 1. None | 10. Pedestrian signal |
| 2. Yield sign | 11. Pedestrian crosswalk |
| 3. Stop sign | 12. Railroad gates and lights |
| 4. All-Way stop | 13. Railroad flashing lights |
| 5. Flashing beacon | 14. Railroad crossing sign |
| 6. Traffic signal | 15. Officer/Flagperson |
| 7. Traffic signal in flashing mode | 16. No passing zone |
| 8. School speed zone | ★ 17. Other |
| 9. Roadwork signing | |

D. Road Character (Enter one)

- | | |
|----------------------------|--------------------------|
| 1. Straight and level | 4. Curved and level |
| 2. Straight and on slope | 5. Curved and on slope |
| 3. Straight and on hilltop | 6. Curved and on hilltop |

E. Road Surface (Enter one)

- | | |
|-------------|------------|
| 1. Concrete | 4. Gravel |
| 2. Asphalt | 5. Dirt |
| 3. Brick | ★ 6. Other |

F. Road Surface Condition (Enter one)

- | | |
|--------|--------------|
| 1. Dry | 3. Snowy-icy |
| 2. Wet | ★ 4. Other |

G. Total Number of Through Lanes (Enter one)

- | | |
|----------------|----------------------|
| 1. One lane | 4. Four lanes |
| 2. Two lanes | 5. Five lanes |
| 3. Three lanes | 6. Six or more lanes |

H. Median Type (Enter one)

- | | |
|---------------------------|----------------------|
| 1. Median Barrier | 4. Painted (No curb) |
| 2. Raised median (Curbed) | 5. None |
| 3. Grass Median (No curb) | |

I. Work Zone (Enter one)

1. Road construction zone
2. Road maintenance zone (repair with traffic control)
3. Road maintenance activity (snowplowing, mowing, striping, etc.)
4. Utility activity
5. None

J. Major Contributing Human Factor

(Enter one code per accident and the associated Vehicle Number)

- | | |
|----------------------------------|---|
| 1. Speed too fast for conditions | 11. Wrong way in one-way traffic |
| 2. Exceeding speed limit | 12. Improper lane change |
| 3. Backing unsafely | 13. Drove left of center |
| 4. Ran stop sign | 14. Evasive action |
| 5. Disregarded traffic signal | 15. Improper overtaking |
| 6. Failure to yield | 16. Improper loading or securing of cargo |
| 7. Following too closely | 17. None |
| 8. Improper right turn on red | ★ 18. Other |
| 9. Other improper turn | |
| 10. Improper or no turn signal | |

K. Major Contributing Environmental Factor (Enter one)

- | | |
|------------------------------|-----------------------|
| 1. Animal on roadway | 6. Vision obstruction |
| 2. Debris on roadway | 7. Bad weather |
| 3. Water standing on roadway | 8. None |
| 4. Pavement defect | ★ 9. Other |
| 5. Previous accident | |

PEDESTRIAN CLASSIFICATION

Pedestrian Actions (Enter one)

L.

- | | |
|--------------------------------|---------------------------|
| 1. Properly crossing roadway | 6. Working on vehicle |
| 2. Improperly crossing roadway | 7. Standing/sitting |
| 3. Playing | 8. Getting in/out vehicle |
| 4. Moving with traffic | 9. Lying down |
| 5. Moving against traffic | ★ 10. Other |

Pedestrian Location (Enter one)

M.

At Intersection

1. With signal
2. Without signal

Not at Intersection

3. Crosswalk with pedestrian signal
4. Crosswalk
5. On roadway
6. Off roadway

Pedestrian Condition (Enter one)

N.

- | | |
|-------------------|------------------|
| 1. Normal | 5. Illegal drugs |
| 2. Fatigue/asleep | 6. Medication |
| 3. Illness | 7. Unknown |
| 4. Drinking | ★ 8. Other |

COMPLETE THIS SECTION FOR ALL INJURED PERSONS

Transported to Medical Facility (Enter one)

5.

Was the individual transported from the crash site to a medical facility for treatment of injuries received in the crash?

1. Yes
2. No
3. Unknown

Injury Severity (Enter one)

4.

1. Killed
2. Disabling - cannot leave scene without assistance (broken bones, severe cuts, prolonged unconsciousness, etc.)
3. Visible but not disabling (minor cuts, swelling, etc.)
4. Possible but not visible (complaint of pain, etc.)

Body Region with Most Severe Injury (Enter one)

3.

- | | |
|-----------------------|-------------------------|
| 1. Head | 7. Elbow/lower arm/hand |
| 2. Face | 8. Abdomen/pelvis |
| 3. Neck | 9. Hip/upper leg |
| 4. Chest | 10. Knee/lower leg/foot |
| 5. Back/spine | 11. Entire body |
| 6. Shoulder/upper arm | 12. Unknown |

Ejected/Trapped (Enter one)

2.

1. Not ejected or trapped
2. Partially ejected
3. Totally ejected
4. Trapped - Occupant removed without use of equipment
5. Trapped - Equipment used in extrication
6. Unknown

Seating Position (Enter one)

1.

	3	6	9	
	2	5	8	
	1	4	7	

10. Other enclosed passenger/cargo area
11. Other unenclosed passenger/cargo area
12. Riding on vehicle exterior
13. Sleeper section of truck cab
14. Trailing unit
15. Moped
16. Motorcycle operator
17. Motorcycle passenger
18. Pedestrian
19. Bicycle
20. Unknown

Nebraska

BLANK

Original size document – 8-1/2 X 11

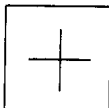
181 STATE OF NEVADA TRAFFIC ACCIDENT REPORT										182											
OCCURRED ON: (Highway No. or Street Name)										City or County:											
1 <input type="checkbox"/> At intersection with 2 <input type="checkbox"/> or: _____ feet _____ of										STREET CODE: 201											
1 <input type="checkbox"/> At intersection with 2 <input type="checkbox"/> or: _____ feet _____ of										STREET CODE: 202											
No.		DRIVER:	PEDES- TRIAN:	PARKED VEHICLE:	PEDAL CYCLIST:	OTHER:	EXPLAIN "OTHER":				No.		DRIVER:	PEDES- TRIAN:	PARKED VEHICLE:	PEDAL CYCLIST:	OTHER:	EXPLAIN "OTHER":			
1 <input type="checkbox"/>		2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>					1 <input type="checkbox"/>		2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>						
Issued by: No.: _____ Date: _____ From _____ To _____ 301										Issued by: No.: _____ Date: _____ From _____ To _____ 301											
Address, City, State and Zip Code:										Address, City, State and Zip Code:											
Name: (Last, First, Middle) 302 DOB 303										Name: (Last, First, Middle) 302 DOB 303											
Street Address, City, State and Zip Code: 304										Street Address, City, State and Zip Code: 304											
State/Driver's License No.: 305 Social Security No.: 306 Sex: 307										State/Driver's License No.: 305 Social Security No.: 306 Sex: 307											
State: 401		License No.: 402		Year and Make: 403		Traveling: 407		N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>		State: 401		License No.: 402		Year and Make: 403		Traveling: 407		N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>			
Color: 404		Vehicle Identification No.: 405		Type: 406		on: _____ Route				Color: 404		Vehicle Identification No.: 405		Type: 406		on: _____ Route					
Owner's Name: (Last, First, Middle) 408										Owner's Name: (Last, First, Middle) 408											
Owner's Address: (Street, City, State and Zip Code) 409										Owner's Address: (Street, City, State and Zip Code) 409											
Trailing Unit(s): (Description) 410										Trailing Unit(s): (Description) 410											
DATE/TIME OF ACCIDENT: 601		SHEET _____ OF _____ 602		SEVERITY: 603		UNUSUAL ROAD CONDITIONS: 606		COLLISION TYPE: 607		DATE/TIME OF ACCIDENT: 601		SHEET _____ OF _____ 602		SEVERITY: 603		UNUSUAL ROAD CONDITIONS: 606		COLLISION TYPE: 607			
Date: _____/_____/_____ (Mo.) (Day) (Yr.)		Total No.: _____ Vehicles _____ Occupants _____ Pedestrians _____ Injured _____ Killed _____		1 <input type="checkbox"/> Fatal 2 <input type="checkbox"/> Injury 3 <input type="checkbox"/> Property Damage CONDITION OF SURFACE: 604 WEATHER: 605 1 <input type="checkbox"/> Dry 3 <input type="checkbox"/> Snowy-icy 1 <input type="checkbox"/> Clear 3 <input type="checkbox"/> Raining 2 <input type="checkbox"/> Wet 4 <input type="checkbox"/> Unknown 2 <input type="checkbox"/> Cloudy 4 <input type="checkbox"/> Snowing 5 <input type="checkbox"/> Other _____ 5 <input type="checkbox"/> Other (explain) _____		1 <input type="checkbox"/> Holes/deep ruts 2 <input type="checkbox"/> Loose material on road 3 <input type="checkbox"/> Obstruction in road 4 <input type="checkbox"/> Construction/repair zone 5 <input type="checkbox"/> Reduced road width 6 <input type="checkbox"/> Flooded 7 <input type="checkbox"/> Other (explain) _____ 8 <input type="checkbox"/> No unusual conditions		1 <input type="checkbox"/> Head on 2 <input type="checkbox"/> Rear end 3 <input type="checkbox"/> Sideswipe-meeting 4 <input type="checkbox"/> Sideswipe-overtaking 5 <input type="checkbox"/> Angle 6 <input type="checkbox"/> Backed into 7 <input type="checkbox"/> All others 8 <input type="checkbox"/> Non-collision		Date: _____/_____/_____ (Mo.) (Day) (Yr.)		Total No.: _____ Vehicles _____ Occupants _____ Pedestrians _____ Injured _____ Killed _____		1 <input type="checkbox"/> Fatal 2 <input type="checkbox"/> Injury 3 <input type="checkbox"/> Property Damage CONDITION OF SURFACE: 604 WEATHER: 605 1 <input type="checkbox"/> Dry 3 <input type="checkbox"/> Snowy-icy 1 <input type="checkbox"/> Clear 3 <input type="checkbox"/> Raining 2 <input type="checkbox"/> Wet 4 <input type="checkbox"/> Unknown 2 <input type="checkbox"/> Cloudy 4 <input type="checkbox"/> Snowing 5 <input type="checkbox"/> Other _____ 5 <input type="checkbox"/> Other (explain) _____		1 <input type="checkbox"/> Holes/deep ruts 2 <input type="checkbox"/> Loose material on road 3 <input type="checkbox"/> Obstruction in road 4 <input type="checkbox"/> Construction/repair zone 5 <input type="checkbox"/> Reduced road width 6 <input type="checkbox"/> Flooded 7 <input type="checkbox"/> Other (explain) _____ 8 <input type="checkbox"/> No unusual conditions		1 <input type="checkbox"/> Head on 2 <input type="checkbox"/> Rear end 3 <input type="checkbox"/> Sideswipe-meeting 4 <input type="checkbox"/> Sideswipe-overtaking 5 <input type="checkbox"/> Angle 6 <input type="checkbox"/> Backed into 7 <input type="checkbox"/> All others 8 <input type="checkbox"/> Non-collision			
Property Damage Other Than Vehicles: (Describe) 608										DAMAGE AMOUNT: 609 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> Minor 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Major 4 <input type="checkbox"/> Total 5 <input type="checkbox"/> No damage											
Owner Name and Address: _____										Notified of Damage: 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No											
DRIVERS ONLY:										DRIVERS ONLY:											
1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>			
01 <input type="checkbox"/> Going straight		06 <input type="checkbox"/> Stopped		11 <input type="checkbox"/> Leaving alley or driveway		16 <input type="checkbox"/> Travelling wrong way		02 <input type="checkbox"/> Turning right		07 <input type="checkbox"/> Parked		12 <input type="checkbox"/> Passing other vehicle		17 <input type="checkbox"/> Driverless-moving vehicle		03 <input type="checkbox"/> Turning left		08 <input type="checkbox"/> Entering park position		13 <input type="checkbox"/> Changing lanes	
04 <input type="checkbox"/> Making U-turn		09 <input type="checkbox"/> Leaving park position		14 <input type="checkbox"/> Other turning movement		18 <input type="checkbox"/> Racing		05 <input type="checkbox"/> Backing		10 <input type="checkbox"/> Entering alley or driveway		15 <input type="checkbox"/> Crossed into opposite lane		19 <input type="checkbox"/> Other _____		06 <input type="checkbox"/> Excessive speed		11 <input type="checkbox"/> Mechanical defect (explain)		20 <input type="checkbox"/> Unknown _____	
CONTRIBUTING FACTORS:										EXPLAIN "OTHER": 702											
1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/>			
01 <input type="checkbox"/> Excessive speed		07 <input type="checkbox"/> Followed too closely		13 <input type="checkbox"/> Mechanical defect (explain)		18 <input type="checkbox"/> Racing		02 <input type="checkbox"/> Speed too fast for conditions		08 <input type="checkbox"/> Made improper turn		14 <input type="checkbox"/> Road defect (explain)		19 <input type="checkbox"/> Other _____		03 <input type="checkbox"/> Failed to yield right-of-way		09 <input type="checkbox"/> Driver inattention		20 <input type="checkbox"/> Unknown _____	
04 <input type="checkbox"/> Drove left of center		10 <input type="checkbox"/> Had been drinking		15 <input type="checkbox"/> Other—not involving driver error		21 <input type="checkbox"/> Other _____		05 <input type="checkbox"/> Disregard control device (explain)		11 <input type="checkbox"/> Other improper driving		22 <input type="checkbox"/> Other _____		06 <input type="checkbox"/> Improper overtaking		12 <input type="checkbox"/> Pedestrian error (explain)		23 <input type="checkbox"/> Other _____			
Describe What Happened: 703										Describe What Happened: 703											
Violation Charged: _____										Citation/Booking No.: 704											
Name _____ Charge(s) _____										Name _____ Charge(s) _____											
Investigated by: 705 I.O. No.: 706 Date: 707 Reviewed by: 708 Investigation is Complete: 709										Investigated by: 705 I.O. No.: 706 Date: 707 Reviewed by: 708 Investigation is Complete: 709											
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No										1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No											

FOR HQ USE ONLY

NEVADA HIGHWAY PATROL
ACCIDENT SUPPLEMENT
DIAGRAM

REGION DR. NO.

REGION ACCIDENT NO.



INDICATE
NORTH

TROOPER....., Date/Time...../...../.....Hours
(Measurements taken by—name)

Nevada

Nevada

BLANK

Please Print or Type

TO BE COMPLETED AND FILED WITHIN 15 DAYS

Sheet of Sheet(s)

LOCAL USE		STATE OF NEW HAMPSHIRE UNIFORM POLICE TRAFFIC ACCIDENT REPORT		M.V. USE ONLY						
Amended Report <input type="checkbox"/>		Hit and Run <input type="checkbox"/>		No. _____						
DATE OF ACCIDENT		DAY OF WEEK		Date Rec'd _____						
TIME (Military) _____		OF ACCIDENT		NR <input type="checkbox"/> Supplemental Report <input type="checkbox"/> Motor Carrier Report <input type="checkbox"/>						
CITY/TOWN		POLICE NOTIFIED		POLICE ARRIVED						
TOTAL KILLED <input type="checkbox"/>		TOTAL INJURED <input type="checkbox"/>		AMBULANCE ARRIVED						
TOTAL VEHICLES <input type="checkbox"/>		DEPARTMENT								
ACCIDENT OCCURRED ON		MILES N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF		INTERSECTING ROAD, BRIDGE, TOWN LINE (not telephone pole, house)						
ROUTE NO. AND/OR STREET NAME		AT INTERSECTION WITH		POSTED SPEED						
Complete first node for accidents at node, complete both for accidents between nodes.		MILE-MARKER ON INTERSTATE ONLY		MILE						
FIRST NODE		DISTANCE FROM FIRST NODE TOWARD SECOND		SECOND NODE						
10 /		FEET		10 /						
MAP ZONE NODE SUF		MAP ZONE NODE SUF		N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>						
UNIT NO: INFORMATION		UNIT NO: INFORMATION								
BICYCLE <input type="checkbox"/> SUMMONSED <input type="checkbox"/> ARRESTED <input type="checkbox"/> M.V.R. YES <input type="checkbox"/> RECOM <input type="checkbox"/>		BICYCLE <input type="checkbox"/> SUMMONSED <input type="checkbox"/> ARRESTED <input type="checkbox"/> M.V.R. YES <input type="checkbox"/> RECOM <input type="checkbox"/>								
PEDESTRIAN <input type="checkbox"/> CHARGE: _____		PEDESTRIAN <input type="checkbox"/> CHARGE: _____								
DRIVER LICENSE NO. _____ STATE _____ CLASSIFICATION _____		DRIVER LICENSE NO. _____ STATE _____ CLASSIFICATION _____								
DRIVER'S NAME LAST, FIRST, MIDDLE		DRIVER'S NAME LAST, FIRST, MIDDLE								
D.O.B. _____ SEX _____ RESTRICTIONS/ENDORSEMENTS COMPLIED WITH YES <input type="checkbox"/>		D.O.B. _____ SEX _____ RESTRICTIONS/ENDORSEMENTS COMPLIED WITH YES <input type="checkbox"/>								
CURRENT ADDRESS, NUMBER AND STREET _____ PHONE NO. _____		CURRENT ADDRESS, NUMBER AND STREET _____ PHONE NO. _____								
CITY/TOWN _____ STATE _____ ZIP CODE _____		CITY/TOWN _____ STATE _____ ZIP CODE _____								
PLATE NO. _____ PLATE TYPE _____ STATE _____ TRAILER PLATE NO. _____ STATE _____		PLATE NO. _____ PLATE TYPE _____ STATE _____ TRAILER PLATE NO. _____ STATE _____								
SAME AS DRIVER <input type="checkbox"/> OWNER NAME LAST, FIRST, MIDDLE		SAME AS DRIVER <input type="checkbox"/> OWNER NAME LAST, FIRST, MIDDLE								
CURRENT ADDRESS, NUMBER AND STREET _____ PHONE NO. _____		CURRENT ADDRESS, NUMBER AND STREET _____ PHONE NO. _____								
CITY/TOWN _____ STATE _____ ZIP CODE _____		CITY/TOWN _____ STATE _____ ZIP CODE _____								
MAKE _____ YEAR _____ COMMERCIAL VEHICLE ACCIDENT <input type="checkbox"/> HAZARDOUS MATERIAL <input type="checkbox"/>		MAKE _____ YEAR _____ COMMERCIAL VEHICLE ACCIDENT <input type="checkbox"/> HAZARDOUS MATERIAL <input type="checkbox"/>								
V.I.N. _____		V.I.N. _____								
INSURANCE COMPANY _____ CARD OR: _____		INSURANCE COMPANY _____ CARD OR: _____								
VEHICLE <input type="checkbox"/> BY _____ TO _____		VEHICLE <input type="checkbox"/> BY _____ TO _____								
TOWED <input type="checkbox"/>		TOWED <input type="checkbox"/>								
REF.	26	27	28	29	NAME(S) OF OCCUPANTS OR WITNESSES	ADDRESS/PHONE	30	31	32	33
1										
2										
3										
4										
5										
6										
7										

DSMV-159 (Revised 1/94)

Original size document - 8-1/2 X 11

UNIT NO: _____			UNIT NO: _____																
<input type="checkbox"/> INDICATE PROBABLE POINT OF IMPACT		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>Rear → →</td> <td>Passing ↗ ↘</td> <td>Lt. Turn ↖ ↗</td> <td>Intersection ↘ ↗</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>Rt. Turn ↙ ↘</td> <td>Rt. Turn ↖ ↗</td> <td>Head-On → →</td> <td>Sideways ↘ ↗</td> </tr> <tr> <td>5</td> <td>6</td> <td>7</td> <td>8</td> </tr> </table>	Rear → →	Passing ↗ ↘	Lt. Turn ↖ ↗	Intersection ↘ ↗	1	2	3	4	Rt. Turn ↙ ↘	Rt. Turn ↖ ↗	Head-On → →	Sideways ↘ ↗	5	6	7	8	<input type="checkbox"/> INDICATE PROBABLE POINT OF IMPACT
Rear → →	Passing ↗ ↘	Lt. Turn ↖ ↗	Intersection ↘ ↗																
1	2	3	4																
Rt. Turn ↙ ↘	Rt. Turn ↖ ↗	Head-On → →	Sideways ↘ ↗																
5	6	7	8																
16. Undercarriage 17. Rollover 18. Fire/Explosion 19. Total	13 Front 14 Rear 15 	16. Undercarriage 17. Rollover 18. Fire/Explosion 19. Total	16. Undercarriage 17. Rollover 18. Fire/Explosion 19. Total																
Circle numbers indicating areas damaged		Circle numbers indicating areas damaged																	

ACCIDENT SKETCH

Indicate North




by Arrow

GIST OF THE ACCIDENT

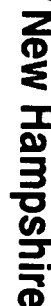
[illegible]

SIGNATURE OF INVESTIGATING OFFICER	DATE OF REPORT	REVIEWED BY
DEPARTMENT/DIVISION/TROOP	PHOTOS TAKEN <input type="checkbox"/> YES <input type="checkbox"/> NO	BY _____

STATE OF NEW HAMPSHIRE MOTOR CARRIER ACCIDENT REPORT				M.V. USE ONLY No. _____ Date Rec'd _____ Amended Report <input type="checkbox"/>	
Please Print or Type					
DATE OF ACCIDENT	DAY OF WEEK	TIME (Military)	OF ACCIDENT	CITY/TOWN	COUNTY
<p>WHEN TO USE THIS FORM: Answers to questions below determines use</p> <p>Did this accident involve -</p> <div style="display: flex; justify-content: space-between;"> <div> 1. truck with at least 2 axles, 6 tires or haz mat cargo? 2. bus with seats for more than 15 people, including driver? STOP - If response to both questions is "No", do not fill out form. 3. person(s) fatally injured? 4. injured person(s) taken away for medical attention? 5. vehicle(s) towed from scene? STOP - If response is "Yes" to 3, 4, or 5, fill out form. </div> <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>					
B-1. Carrier's Identification Numbers <div style="display: flex; justify-content: space-between;"> <div> US DOT State Name </div> <div> ICC MC State Number </div> </div>					
B-2. Carrier's Name <div style="text-align: right;"> (1) <input type="checkbox"/> Vehicle Side Source: (2) <input type="checkbox"/> Shipping Papers (3) <input type="checkbox"/> Driver </div>					
B-3. Carrier's Address <div style="display: flex; justify-content: space-between;"> <div>Street or P.O. Box</div> <div>City</div> <div>State</div> <div>Zip Code</div> </div>					
J. Gross Vehicle Weight Rating _____ lbs.		K. Axles on Vehicle (including trailers) _____		O. Sequence of Events (for this vehicle) <div style="font-size: x-small;"> 1 2 3 4 Ran off road 1 2 3 4 Jackknife 1 2 3 4 Overturn 1 2 3 4 Downhill runaway 1 2 3 4 Cargo loss or shift 1 2 3 4 Explosion or fire 1 2 3 4 Separation of units 1 2 3 4 Collision involving pedestrian 1 2 3 4 Collision involving motor vehicle in transport 1 2 3 4 Collision involving parked motor vehicle 1 2 3 4 Collision involving train 1 2 3 4 Collision involving pedalcycle 1 2 3 4 Collision involving animal 1 2 3 4 Collision involving fixed object 1 2 3 4 Collision involving other object 1 2 3 4 Other _____ </div>	
L. HAZARDOUS MATERIALS INVOLVEMENT (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No					
L-1. Did vehicle have Haz Mat placard? (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No					
L-2. From placard indicate: <div style="display: flex; justify-content: space-between;"> <div>4-digit placard number/name from diamond/box</div> <div>1-digit number from bottom of diamond:</div> </div>					
L-3. Was HAZARDOUS CARGO from vehicle released? (Don't count fuel from fuel tank) (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No					
L-4. NOTIFICATION: _____					
M. Vehicle Configuration <div style="font-size: x-small;"> (0) <input type="checkbox"/> Any four tire vehicle (1) <input type="checkbox"/> Bus (2) <input type="checkbox"/> 1-unit truck: 2 axle, 6 tires (3) <input type="checkbox"/> 1-unit truck: 3 or more axles (4) <input type="checkbox"/> Truck / trailer (5) <input type="checkbox"/> Truck / tractor (Bobtail) (6) <input type="checkbox"/> Tractor / semi-trailer (7) <input type="checkbox"/> Tractor / doubles (8) <input type="checkbox"/> Tractor / triples (9) <input type="checkbox"/> Other </div>		N. Cargo Body Type <div style="font-size: x-small;"> (1) <input type="checkbox"/> Bus (2) <input type="checkbox"/> Van/enclosed box (3) <input type="checkbox"/> Cargo tank (4) <input type="checkbox"/> Flatbed (5) <input type="checkbox"/> Dump (6) <input type="checkbox"/> Concrete mixer (7) <input type="checkbox"/> Auto transporter (8) <input type="checkbox"/> Garbage/refuse (9) <input type="checkbox"/> Other </div>		P. Type of Roadway <div style="font-size: x-small;"> (1) <input type="checkbox"/> 2-way Trafficway with no Physical Separation (2) <input type="checkbox"/> 2-way Trafficway with a Physical Separation (3) <input type="checkbox"/> 2-way Trafficway with a Physical Barrier (4) <input type="checkbox"/> 1-way Trafficway </div>	
Q. Access Control <div style="font-size: x-small;"> (1) <input type="checkbox"/> No Control of Access (2) <input type="checkbox"/> Full Control of Access (3) <input type="checkbox"/> Other </div>					
SIGNATURE OF INVESTIGATING OFFICER			DATE OF REPORT		REVIEWED BY
DEPARTMENT/DIVISION/TROOP			PHOTOS TAKEN <input type="checkbox"/> YES <input type="checkbox"/> NO		BY _____

DSMV 161 (Rev.08/94)

Original size document - 8-1/2 X 11



SECTION E

ACCIDENT DIAGRAM

SECTION F

DAY MON YEAR

DSMV-160 (Revised 1/91)

TYPE OF ACCIDENT		VEHICLE TYPE		VEHICLE DIRECTION		APPARENT PRE-ACCIDENT VEHICLE ACTION		APPARENT CONTRIBUTING FACTORS		APPARENT PHYSICAL CONDITION		VISION OBSCUREMENT		VEHICLE DEFECTS		OCCUPANT'S/INJURED'S POSITION		OCCUPANT/INJURED EJECTED		LOCATION OF MOST SEVERE PHYSICAL COMPLAINT		SEX			
COLLISION WITH: 1. Other Motor Vehicle 2. Motor Vehicle Crossing Median 3. Parked Motor Vehicle 4. Railroad Train 5. Bicyclist 6. Pedestrian 7. Animal 8. Thrown or Falling Object 9. Other Object 17. Motor Vehicle in Transport NON-COLLISION 10. Fixed Object 11. Overturn 12. Spill (2 Wheel Vehicle) 13. Fire 14. Submersion 15. Jackknife 16. Explosion 98. Other *		18. Pedal Cycle/Moped 19. Snowmobile/OHRV 20. Other Vehicle Action * 21. Other Vehicle Action * 22. Other Vehicle Action * 23. Other Vehicle Action * 24. Other Vehicle Action * 25. Other Vehicle Action * 26. Other Vehicle Action * 27. Other Vehicle Action * 28. Other Vehicle Action * 29. Other Vehicle Action * 30. Other Vehicle Action * 31. Other Vehicle Action * 32. Other Vehicle Action * 33. Other Vehicle Action * 34. Other Vehicle Action * 35. Other Vehicle Action * 36. Other Vehicle Action * 37. Other Vehicle Action * 38. Other Vehicle Action * 39. Other Vehicle Action * 40. Other Vehicle Action * 41. 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Other Vehicle Action * 79. Other Vehicle Action * 80. Other Vehicle Action * 81. Other Vehicle Action * 82. Other Vehicle Action * 83. Other Vehicle Action * 84. Other Vehicle Action * 85. Other Vehicle Action * 86. Other Vehicle Action * 87. Other Vehicle Action * 88. Other Vehicle Action * 89. Other Vehicle Action * 90. Other Vehicle Action * 91. Other Vehicle Action * 92. Other Vehicle Action * 93. Other Vehicle Action * 94. Other Vehicle Action * 95. Other Vehicle Action * 96. Other Vehicle Action * 97. Other Vehicle Action * 98. Other *		1. Automobile 2. Pick-Up/Light Truck 3. Panel/Van 8. Motorcycle 9. Moped 10. Motor Home 11. Passenger Light Van 12. Utility Vehicle (4X4) 13. Other/Unknown 97. Motor Carrier 98. Other *		1. North 2. East 3. South 4. West 99. Unknown		1. Following Roadway 2. Right Turn on Red 3. Making Right Turn 4. Making Left Turn 5. Making U-Turn 6. Starting From Parked 7. Starting in Traffic 8. Slowing or Stopping 9. Stopped in Traffic 10. Entering Parked Position 11. Parked Legally 12. Parked and Rolled 13. Changing Lanes/Merging 14. Overtaking/Passing 15. Passing on Right 16. Backing 17. Parked Illegally 18. Avoid Something in Roadway 19. Wrong Way on a 1-Way 97. Other Vehicle Action * 20. Other Vehicle Action * 21. Other Vehicle Action * 22. Other Vehicle Action * 23. Other Vehicle Action * 24. Other Vehicle Action * 25. Other Vehicle Action * 26. Other Vehicle Action * 27. Other Vehicle Action * 28. Other Vehicle Action * 29. Other Vehicle Action * 30. Other Vehicle Action * 31. Other Vehicle Action * 32. Other Vehicle Action * 33. Other Vehicle Action * 34. Other Vehicle Action * 35. Other Vehicle Action * 36. Other Vehicle Action * 37. Other Vehicle Action * 38. Other Vehicle Action * 39. Other Vehicle Action * 40. Other Vehicle Action * 41. Other Vehicle Action * 42. Other Vehicle Action * 43. Other Vehicle Action * 44. Other Vehicle Action * 45. Other Vehicle Action * 46. Other Vehicle Action * 47. 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Fatigue 6. Illness 7. Emotionally Upset 8. Asleep 9. Apparently Normal 98. Other *		1. Ice/Snow Etc. on Windows/Glass 2. Own Vehicle Load 3. Other Unit in Blind Spot 4. Blowing Sand/Snow/Rain 5. Trees/Vegetation 6. Building 7. Snowbank/Embankment 8. Hillcrest 9. Traffic/Sign/Billboard 10. Glare/Sunlight/Lights/Snow 11. Fog/Smoke/Exhaust 12. Other Vehicle 13. People 14. No Apparent Obscurement 98. Other Defect		1. Accelerator Defective 2. Brakes Defective 3. Front/Rear Lighting 4. Steering Defective 5. Tires Defective/Failure 6. Tow Hitch Defective 7. Vehicle Modification 8. Inadequate Windows/Glass 9. Oversize/Overweight 10. No Apparent Defect 98. Other Defect		1. Driver 2-7. Passengers 8. Ride/Hang on Vehicle 9. Driver (2/3 Wheeled Vehicle) 10. Passengers (2/3 Wheeled Vehicle) 11. Sidecar/Sled/Hang on Vehicle 99. Unknown		1. Not Ejected 2. Partially Ejected 3. Ejected 4. Trapped 99. Unknown		1. Head 2. Neck 3. Chest 4. Arm(s) 5. Trunk/Torso 6. Leg(s) 7. Multiple 8. None 99. Unknown		1. Male 2. Female 3. Unknown	

BLANK

PAGE _____ OF _____		NEW JERSEY POLICE ACCIDENT REPORT										REPORTABLE		NON-REPORTABLE		FOR D.O.T. USE ONLY	
30 CASE NUMBER		40 POLICE DEPARTMENT OF _____ CODE _____										42					
43 DATE OF COLLISION		44 DAY OF COLLISION		45 TIME (USE 2400 HRS.)		46 NO. OF VEHICLES INVOLVED		47 NUMBER INJURED		48 COUNTY		MUNICIPAL CODE					
50 MUNICIPALITY		51 ROUTE NUMBER OR NAME OF STREET										52 MILE POST		53 INTERSECTING STREET, ROAD, RAILROAD OR RAMP			
54 IDENTIFY NEAREST INTERSECTING ROADS BETWEEN WHICH ACCIDENT OCCURRED		55 DISTANCE FROM 1 OR 2 (DESIGNATE)															
1. VEH. 56 POLICY NO.		57 INS. CODE		58 VEH. 51 POLICY NO.		59 INS. CODE		60 VEH. 51 POLICY NO.		61 INS. CODE		62 INS. CODE		63 INS. CODE			
64 DRIVER'S FIRST NAME		INITIAL		LAST NAME		65 DRIVER'S FIRST NAME		INITIAL		LAST NAME		66 DRIVER'S FIRST NAME		INITIAL			
67 NUMBER AND STREET		STATE		EXPIRES		68 CITY		STATE		EXPIRES		69 CITY		STATE			
70 MAKE AND MODEL		COLOR		71 YEAR		72 PLATE NO.		73 STATE		74 MAKE AND MODEL		COLOR		75 YEAR			
76 VIN NUMBER		77 VIN NUMBER		78 VIN NUMBER		79 VIN NUMBER		80 VIN NUMBER		81 VIN NUMBER		82 VIN NUMBER		83 VIN NUMBER			
74 VEHICLE REMOVED TO		75 AUTHORITY		76 VEHICLE REMOVED TO		77 AUTHORITY		78 VEHICLE REMOVED TO		79 AUTHORITY		80 VEHICLE REMOVED TO		81 AUTHORITY			
79 INITIAL IMPACT		80 INDICATE NORTH		81 INITIAL IMPACT		82 INDICATE NORTH		83 INITIAL IMPACT		84 INDICATE NORTH		85 INITIAL IMPACT		86 INDICATE NORTH			
14 UNDERCARRIAGE DAMAGE		15 OVERTURNED		16 TOTALLED		17 NONE		18 OTHER*		19 OTHER*		20 OTHER*		21 OTHER*			
77 AREAS DAMAGED (REFER TO ABOVE)		78 SPEED POSTED		79 TIME MARKS		80 SPEED POSTED		81 TIME MARKS		82 SPEED POSTED		83 TIME MARKS		84 SPEED POSTED			
103 ACCIDENT DESCRIPTION		104 DAMAGE TO OTHER PROPERTY		105 CHARGE		106 CHARGE		107 OFFICER'S SIGNATURE		108 BADGE NUMBER		109 REVIEWED BY (BADGE NUMBER)		110 STATUS			
14		15		16		17		18		19		20		21			
A		B		C		D		E		F		G		H			
I		J		K		L		M		N		O		P			
Q		R		S		T		U		V		W		X			
Y		Z		AA		AB		AC		AD		AE		AF			
AG		AH		AI		AJ		AK		AL		AM		AN			
AO		AP		AQ		AR		AS		AT		AU		AV			
AW		AX		AY		AZ		BA		BB		BC		BD			
BE		BF		BG		BH		BI		BJ		BK		BL			
BM		BN		BO		BP		BQ		BR		BS		BT			
BU		BV		BW		BX		BY		BZ		CA		CB			
CC		CD		CE		CF		CG		CH		CI		CJ			
CK		CL		CM		CN		CO		CP		CQ		CR			
CS		CT		CU		CV		CW		CX		CY		CZ			
DA		DB		DC		DD		DE		DF		DG		DH			
DI		DJ		DK		DL		DM		DN		DO		DP			
DQ		DR		DS		DT		DU		DV		DW		DX			
DY		DZ		EA		EB		EC		ED		EE		EF			
EG		EH		EI		EJ		EK		EL		EM		EN			
EO		EP		EQ		ER		ES		ET		EU		EV			
EW		EX		EY		EZ		FA		FB		FC		FD			
FE		FF		FG		FH		FI		FJ		FK		FL			
FM		FN		FO		FP		FQ		FR		FS		FT			
FU		FV		FW		FX		FY		FZ		GA		GB			
GC		GD		GE		GF		GG		GH		GI		GJ			
GK		GL		GM		GN		GO		GP		GQ		GR			
GS		GT		GU		GV		GW		GX		GY		GZ			
HA		HB		HC		HD		HE		HF		HG		HH			
HI		HJ		HK		HL		HM		HN		HO		HP			
HQ		HR		HS		HT		HU		HV		HW		HX			
HY		HZ		IA		IB		IC		ID		IE		IF			
IG		IH		II		IJ		IK		IL		IM		IN			
IO		IP		IQ		IR		IS		IT		IU		IV			
IW		IX		IY		IZ		JA		JB		JC		JD			
JE		JF		JG		JH		JI		JJ		JK		JL			
JM		JN		JO		JP		JQ		JR		JS		JT			
JU		JV		JW		JX		JY		JZ		KA		KB			
KC		KD		KE		KF		KG		KH		KI		KJ			
KK		KL		KM		KN		KO		KP		KQ		KR			
KS		KT		KU		KV		KW		KX		KY		KZ			
LA		LB		LC		LD		LE		LF		LG		LH			
LI		LJ		LK		LL		LM		LN		LO		LP			
LQ		LR		LS		LT		LU		LV		LW		LX			
LY		LZ		MA		MB		MC		MD		ME		MF			
MG		MH		MI		MJ		MK		ML		MM		MN			
MO		MP		MQ		MR		MS		MT		MU		MV			
MW		MX		MY		MZ		NA		NB		NC		ND			
NE		NF		NG		NH		NI		NJ		NK		NL			
NM		NO		NP		NQ		NR		NS		NT		NU			
NV		NW		NX		NY		NZ		OA		OB		OC			
OD		OE		OF		OG		OH		OI		OJ		OK			
OL		OM		ON		OO		OP		OQ		OR		OS			
OT		OU		OV		OW		OX		OY		OZ		PA			
PB		PC		PD		PE		PF		PG		PH		PI			
PJ		PK		PL		PM		PN		PO		PP		PQ			
PR		PS		PT		PU		PV		PW		PX		PY			
PZ		QA		QB		QC		QD		QE		QF		QG			
QH		QI		QJ		QK		QL		QM		QN		QO			
QP		QQ		QR		QS		QT		QU		QV		QW			
QX		QY		QZ		RA		RB		RC		RD		RE			
RF		RG		RH		RI		RJ		RK		RL		RM			
RN		RO		RP		RQ		RR		RS		RT		RU			
RV		RW		RX		RY		RZ		SA		SB		SC			
SD		SE		SF		SG		SH		SI		SJ		SK			
SL		SM		SN		SO		SP		SQ		SR		SS			
ST		SU		SV		SW		SX		SY		SZ		TA			
TB		TC		TD		TE		TF		TG		TH		TI			
TJ		TK		TL		TM		TN		TO		TP		TQ			
TR		TS		TT		TU		TV		TW		TX		TY			
TZ		UA		UB		UC		UD		UE		UF		UG			
UH		UI		UJ		UK		UL		UM		UN		UO			
UP		UQ		UR		US		UT		UU		UV		UW			
UX		UY		UZ		VA		VB		VC		VD		VE			
VF		VG		VH		VI		VJ		VK		VL		VM			
VN		VO		VP		VQ		VR		VS		VT		VU			
VV		VW		VX		VY		VZ		WA		WB		WC			
WD		WE		WF		WG		WH		WI		WJ		WK			
WL		WM		WN		WO		WP		WQ		WR		WS			
WT		WU		WV		WW		WX		WY		WZ		XA			
XB		XC		XD		XE		XF		XG		XH		XI			
XJ		XK		XL		XM		XN		XO		XP		XQ			
XR		XS		XT		XU		XV		XW		XX		XY			
XZ		YA		YB		YC		YD		YE		YF		YG			
YH		YI		YJ		YK		YL		YM		YN		YO			
YP		YQ		YR		YS		YT		YU		YV		YW			
YX		YY		YZ		ZA		ZB		ZC		ZD		ZE			
ZF		ZG		ZH		ZI		ZJ		ZK		ZL		ZM			
ZN		ZO		ZP		ZQ		ZR		ZS		ZT		ZU			
ZV		ZW		ZX		ZY		ZZ		AA		AB		AC			
AD		AE		AF		AG		AH		AI		AJ		AK			
AL		AM		AN		AO		AP		AQ		AR		AS			
AT		AU		AV		AW		AX		AY		AZ		BA			
BB		BC		BD		BE		BF		BG		BH		BI			
BJ		BK		BL		BM		BN		BO		BP		BQ			
BR		BS		BT		BU		BV		BW		BX		BY			
BZ		CA		CB		CC		CD		CE		CF		CG			
CH		CI		CJ		CK		CL		CM		CN		CO			
CP		CQ		CR		CS		CT		CU		CV		CW			
CX		CY		CZ		DA		DB		DC		DD		DE			
DF		DG		DH		DI		DJ		DK		DL		DM			
DN		DO		DP		DQ		DR		DS		DT		DU			
DV		DW		DX		DY		DZ		EA		EB		EC			
ED		EE		EF		EG		EH		EI		EJ		EK			
EL		EM		EN		EO		EP		EQ		ER		ES			
ET		EU		EV		EW		EX		EY		EZ		FA			
FB		FC		FD		FE		FG		FH		FI		FJ			
FK		FL		FM		FN		FO		FP		FQ		FR			
FS		FT		FU		FV		FW		FX		FY		FZ			
GA		GB		GC		GD		GE		GF		GG		GH			
GI		GJ		GK		GL		GM		GN		GO		GP			
GQ		GR		GS		GT		GU		GV		GW		GX			
GY		GZ		HA		HB		HC		HD		HE		HF			
HG		HH		HI		HJ		HK		HL		HM		HN			
HO		HP		HQ		HR		HS		HT		HU		HV			
HW		HX		HY		HZ		IA		IB		IC		ID			
IE		IF		IG		IH		II		IJ		IK		IL			
IM		IN		IO		IP		IQ		IR		IS		IT			
IU		IV		IW		IX		IY		IZ		JA		JB			
JC		JD		JE		JF		JG		JH		JI		JJ			
JK		JL		JM		JN		JO		JP		JQ		JR			
JS		JT		JU		JV		JW		JX		JY		JZ			
KA		KB		KC		KD		KE		KF		KG		KH			
KI		KJ		KK		KL		KM		KN		KO		KP			
KQ		KR		KS		KT		KU		KV		KW		KX			
KY		KZ		LA		LB		LC		LD		LE		LF			
LG		LH		LI		LJ		LK		LM		LN		LO			
LP		LQ		LR		LS		LT		LU		LV		LW			
LX		LY		LZ		MA		MB		MC		MD		ME			
MF		MG		MH		MI		MJ		MK		ML		MN			
MO		MP		MQ		MR		MS		MT		MU		MV			
MW		MX		MY		MZ		NA		NB		NC		ND			
NE		NF		NG		NH		NI		NJ		NK		NL			
NM		NO		NP		NQ		NR		NS		NT		NU			
NV		NW		NX		NY		NZ		OA		OB		OC			
OD		OE		OF		OG		OH		OI		OJ		OK			
OL		OM		ON		OO		OP		OQ		OR		OS			
OT		OU		OV		OW		OX		OY		OZ		PA			
PB		PC		PD		PE		PF		PG		PH		PI			
PJ		PK		PL		PM		PN		PO		PP		PQ			
PR		PS		PT		PU		PV		PW		PX		PY			
PZ		QA		QB		QC											

PEDESTRIAN MANEUVER 1 Crossing/Entering Roadway at Intersection 2 Crossing/Entering Roadway Not at Intersection 3 Walking on Road w/Traffic 4 Walking on Road Against Traff. 5 Playing in Road 6 Standing in Road 7 Getting On or Off Vehicle 8 Pushing or Working on Veh. 9 Other Working in Roadway 10 Hitch-Hiking 11 Approaching or Leaving School Bus 12 Coming From Behind Park Veh. 13 Other*		APPARENT CONTRIBUTING CIRCUMSTANCES (Human, Vehicle, Environmental Factors) 1 Unsafe Speed 2 Driver Inattention 3 Failed to Obey Traffic Signal 4 Disregarded Stop Sign 5 Failed to Yield Right of Way to Vehicle/ Pedestrian 6 Improper Lane Change 7 Improper Passing 8 Improper Use of Turn Signals 9 Improper Turning 10 Following too Closely 11 Backing Unsafely 12 Dazzling, Improper or No Lights 13 Wrong Way, One-Way Road 14 Improper Parking 15 Pedestrian's/Bicyclist's Actions 16 Improper Right Turn on Red 17 Failed to Signal 18 Alcohol/Drug Involvement 19 Vehicle Defect* 20 Oversized Vehicle 21 Tire Failure/Deformity 22 Animal's Action 23 Defective Shoulder 24 View Obstruction/Limited* 25 Water Puddles 26 Obstruction/Debris on Road 27 Improper/Inadequate Lane Marking 28 Holes/Bumps/Ruts in Road 29 Other Roadway Defects* 30 Traffic Control Device Defective/Missing 31 None 32 Other*	
TRAFFIC CONTROLS 1 Police Officer 2 R.R. Watchman, Gates, Etc. 3 Traffic Signal 4 Lane Markings 5 Channelization—Painted 6 Channelization—Physical 7 Warning Signal 8 Stop Sign 9 Yield Sign 10 No Control Present 11 Other*		ROAD SYSTEM 1 Interstate 2 State Highway 3 State Interstate Authority 4 State Park or Inst. 5 County 6 Co. Auth. Park or Institution 7 Municipal 8 Priv. Prop. 9 U.S. Gov. Prop.	
ROAD CHARACTER 1 Straight and Level 2 Straight and Grade 3 Straight at Hillcrest 4 Curve and Level 5 Curve and Grade 6 Curve and Hillcrest		LIGHT CONDITION 1 Daylight 2 Dawn or Dusk 3 Dark (St. Light On) 4 Dark (St. Lights Off) 5 Dark (No St. Lights)	
ROAD SURFACE TYPE 1 Concrete 2 Blacktop 3 Gravel 4 Steel Grid 5 Dirt 6 Other*		DIRECTION OF TRAVEL 	
SURFACE CONDITION 1 Dry 2 Wet 3 Snowy 4 Icy 5 Other*		STATE OF NEW JERSEY POLICE ACCIDENT REPORT *EXPLAIN IN ACCIDENT DESCRIPTION IF A QUESTION DOES NOT APPLY, ENTER A DASH (—). IF AN ANSWER IS UNKNOWN, ENTER A "U"	
IS ROAD UNDER CONSTRUCTION? 1 YES 2 NO		PRE-ACCIDENT VEHICLE ACTION 1 Going Straight Ahead 2 Making Right Turn 3 Making Left Turn 4 Making U Turn 5 Starting from Parking 6 Starting in Traffic 7 Slowing or Stopping 8 Stopped in Traffic 9 Parking 10 Parked 11 Changing Lanes 12 Merging 13 Backing 14 Driverless/Moving 15 Other*	
WORKERS PRESENT? 3 YES 4 NO		LOCATION OF FIRST EVENT 1 On Roadway 2 Off Roadway	
VEHICLE TYPE NON-CDL VEHICLES 1 PASS. CAR—STA. WAG. 2 PASS. CAR W/TRAILER 3 RECREATION VEH. 4 TAXICAB/LIM. 5 EMERGENCY VEH. 6 MOTORCYCLE CDL VEHICLES 7 MOPED 8 PICKUP 9 VAN/STEP VAN 10 TRUCK 11 TRK. COMBO 12 OTHER* 13 TRUCK COMBO: 25 TRUCK 20 (8'X48") 21 (8 1/2'X48") 22 (8'X48"+) 23 (8 1/2'X53") 24 (DBL BOTTOM) 26 BUS 27 SCHOOL BUS 28 LIMOUSINE 29 OTHER*		COLLISION INVOLVED 1 Pedestrian 2 Other Motor Vehicle 3 Overturned 4 Other Non-Collision 5 Pedalcycle 6 Animal 7 Fixed Object 8 Other Object* 9 R.R. Train	
ROAD DIVIDED BY 1 Guide Rail 2 Concrete Barrier 3 Concrete Island 4 Grass Median 5 None 6 Other*		COLLISION TYPE (With Other MV) 1 Same Direction—Rear-End 2 Same Direction—Sideswipe 3 Angle 4 Head-On 5 Left Turn 6 Struck Parked Veh. 7 Other*	
WEATHER 1 Clear 2 Rain 3 Snow 4 Fog 5 Other*		FIXED OBJECT 1 Utility Pole 2 Trees 3 Median/Ctr. Barrier/Ctr. Island 4 Curb/Catch Basin/Culvert 5 Guide Rail 6 Sign Post 7 Signal Standard 8 Abutment/Em-bankment Wall 9 Building/Telephone Booth 10 Other*	
WHICH VEHICLE OCCUPIED 1 Veh. 1 B Pedalcycle O Other* 2 Veh. 2 P Pedestrian		PHYSICAL STATUS 1 Apparently Normal 2 Had Been Drinking 3 Physical Handicaps 4 Illness 5 Fatigued 6 Apparently Asleep 7 Using Drugs 8 Other*	
POSITION IN/ON VEHICLE 1 Driver 2 thru 7 Passengers 8 Riding/Hanging On Outside		TYPE OF MOST SEVERE PHYSICAL INJURY 1 Amputation 2 Concussion 3 Internal 4 Bleeding 5 Contusion/Bruise/Abrasion 6 Burn 7 Fracture—Dislocation 8 Complaint of Pain 9 None Visible	
SAFETY EQUIP USED 1 No restraint used 2 Lap Belt 3 Harness 4 Lap Belt & Harness 5 Child Restraint 6 Helmet 7 Passive Restraint 8 Other*		VICTIM'S PHYSICAL CONDITION 1 Killed 2 Incapacitated 3 Moderate Injury 4 Complaint of Pain	
EJECTION FROM VEHICLE 1 Not Ejected 2 Partial Ejection 3 Ejected		INJURED TAKEN BY TO 23 BY 24 TO	
AGE 15 16 17 18 19 20 21 22 23 24		SEX M F	

INVESTIGATION
SH 10074
REVISED
MAY 1992

1910088

☐ ON PRIVATE PROPERTY

☐ FATAL

☐ INJURY

REPORTING DEPARTMENT
PROPERTY DAMAGE ONLY

☐ UNDER \$500
☐ \$500 OR MORE

☐ HIT AND RUN

STATE OF NEW MEXICO
UNIFORM ACCIDENT REPORT

DATE OF ACCIDENT MO. / DAY / YR.		Military Time		CITY OCCURRED IN		COUNTY		SHEET OF SHEETS					
SUN	M	T	W	T	F	SAT	OCCURRED ON: (ROUTE NO. OR NAME)			AT INTERSECTION WITH:			
OTHER LOCATION						PERMANENT LANDMARK—COUNTY LINE—INTERSECTION						FOR USE BY ORIGINATOR	
LOCATION						MILEPOST							
LOCATION						OCCURRED							
ACCIDENT						CLASSIFICATION							
VEHICLE NO. 1						VEHICLE NO. 2—PEDESTRIAN							
HEADED						HEADED							
Driver's Full Name						Driver's or Pedestrian's Full Name							
Address						Address							
Zip Code						Zip Code							
Phone						Phone							
Driver License Number						Driver License Number							
State						State							
Type						Type							
Restrictions						Restrictions							
Expires						Expires							
Date of Birth						Date of Birth							
Mo. / Day / Yr.						Mo. / Day / Yr.							
Seat Position Code						Seat Position Code							
LR						LR							
CR						CR							
CF						CF							
RR						RR							
RF						RF							
OTHER						OTHER							
Occupant's Name						Occupant's Name							
Occupant's Address/Zip Code						Occupant's Address/Zip Code							
Vehicle Yr.						Vehicle Yr.							
Vehicle Make						Vehicle Make							
Color						Color							
Body Style						Body Style							
Removed To:						Removed To:							
Removed By:						Removed By:							
License Yr.						License Yr.							
State						State							
License Number						License Number							
US DOT/ICG/SCC Numbers						US DOT/ICG/SCC Numbers							
VIN						VIN							
Owner's Name						Owner's Name							
Owner's Address						Owner's Address							
Zip Code						Zip Code							
Insured By: (Name of Company)						Insured By: (Name of Company)							
Policy Number						Policy Number							
Liability Insurance						Liability Insurance							
Yes						Yes							
No						No							
VEHICLE DAMAGE						VEHICLE DAMAGE							
HEAVY						HEAVY							
MODERATE						MODERATE							
SLIGHT						SLIGHT							
NONE						NONE							
INJURED First Aid Rendered By:						INJURED First Aid Rendered By:							
Injured Taken To:						Injured Taken To:							
By:						By:							
DESCRIPTION OF PROPERTY AND DAMAGE						DESCRIPTION OF PROPERTY AND DAMAGE							
Owner's Name						Owner's Name							
Owner's Address/Zip Code						Owner's Address/Zip Code							
Name						Name							
Age						Age							
Address						Address							
Telephone						Telephone							
WITNESS						WITNESS							
Name						Name							
Age						Age							
Address						Address							
Telephone						Telephone							
INJURY CODES						INJURY CODES							
K- Killed						K- Killed							
K1 Head						K1 Head							
K2 Chest						K2 Chest							
K3 Neck						K3 Neck							
K4 Other						K4 Other							
A- Incapacitated-Carried From Scene						A- Incapacitated-Carried From Scene							
A1 Head						A1 Head							
A2 Chest						A2 Chest							
A3 Neck						A3 Neck							
A4 Other						A4 Other							
A5 Arms/Legs						A5 Arms/Legs							
A3 Back						A3 Back							
B- Visible Injury						B- Visible Injury							
B1 Head						B1 Head							
B2 Chest						B2 Chest							
B3 Neck						B3 Neck							
B4 Other						B4 Other							
B5 Arms/Legs						B5 Arms/Legs							
B3 Back						B3 Back							
C- Complaint-No Visible Injury						C- Complaint-No Visible Injury							
O- No Apparent Injury						O- No Apparent Injury							
SEAT BELT CODES						SEAT BELT CODES							
1. Belts Not Installed						1. Belts Not Installed							
2. Belts Installed And Not Used						2. Belts Installed And Not Used							
3. Belts Installed And Used						3. Belts Installed And Used							
4. Shoulder Harness Installed And Not Used						4. Shoulder Harness Installed And Not Used							
5. Shoulder Harness Installed And Used						5. Shoulder Harness Installed And Used							
6. Combination Belts And Harness Used						6. Combination Belts And Harness Used							
7. Ejected From Vehicle						7. Ejected From Vehicle							
8. CHILD RESTRAINT						8. CHILD RESTRAINT							
8a. Used						8a. Used							
8b. Not Used						8b. Not Used							

1. COMPLETE FRONT OF FORM. 2. REMOVE CARBON AND TISSUE PAPER. 3. TURN OVER AND COMPLETE REVERSE SIDE.

ISSUING AGENCY COPY

New Mexico

ROAD - WEATHER	LIGHTING (Check One)	WEATHER (Check One)	ROAD COND. (Check One For Each)	ROAD SURFACE (Check One For Each)	TRAFFIC CONTROL (Check One For Each)	ROAD CHARACTER (Check One)	ROAD DESIGN (Check One Or More For Each)
	<input type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Lighted <input type="checkbox"/> Dark-Not Lighted <input type="checkbox"/> Other	<input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Dust <input type="checkbox"/> Wind <input type="checkbox"/> Other	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Loose Material <input type="checkbox"/> Other	<input type="checkbox"/> Paved Unstriped <input type="checkbox"/> Paved Center Stripe <input type="checkbox"/> Paved Center & Edgeline <input type="checkbox"/> Unpaved	<input type="checkbox"/> No Passing Zone <input type="checkbox"/> Stop Sign <input type="checkbox"/> Traffic Signals <input type="checkbox"/> Yield Sign <input type="checkbox"/> R R Gate <input type="checkbox"/> 4 Way Stop <input type="checkbox"/> Flashers <input type="checkbox"/> No Control <input type="checkbox"/> Other	<input type="checkbox"/> Straight <input type="checkbox"/> Curve GRADE (Check One) <input type="checkbox"/> Level <input type="checkbox"/> Hillcrest <input type="checkbox"/> On Grade <input type="checkbox"/> Dip	<input type="checkbox"/> 1 Lane <input type="checkbox"/> 2 Lanes <input type="checkbox"/> 3 Lanes <input type="checkbox"/> 4 Lanes <input type="checkbox"/> Undivided <input type="checkbox"/> Physical Div <input type="checkbox"/> Painted Div

APPARENT CONTRIBUTING FACTORS
(Check One Or More For Each)

WHAT DRIVERS WERE DOING
(Check One For Each)

EVENT	<input type="checkbox"/> Excessive speed <input type="checkbox"/> Speed too fast for conditions <input type="checkbox"/> Failed to yield right of way <input type="checkbox"/> Passed stop sign <input type="checkbox"/> Disregarded traffic signal <input type="checkbox"/> Drove left of center <input type="checkbox"/> Improper overtaking	<input type="checkbox"/> Following too closely <input type="checkbox"/> Made improper turn <input type="checkbox"/> Driver inattention <input type="checkbox"/> Under influence of alcohol <input type="checkbox"/> Other improper driving <input type="checkbox"/> Pedestrian error <input type="checkbox"/> Inadequate brakes	<input type="checkbox"/> Defective tires <input type="checkbox"/> Other mechanical defect <input type="checkbox"/> Road defect <input type="checkbox"/> Other - not involving driver error <input type="checkbox"/> Traffic control not functioning <input type="checkbox"/> Improper lane change <input type="checkbox"/> Improper backing <input type="checkbox"/> None	<input type="checkbox"/> Going Straight <input type="checkbox"/> Overtaking—Passing <input type="checkbox"/> Right Turn <input type="checkbox"/> Left Turn <input type="checkbox"/> U Turn <input type="checkbox"/> Slowing <input type="checkbox"/> Backing	<input type="checkbox"/> Stopped for Traffic <input type="checkbox"/> Stopped for sign/signal <input type="checkbox"/> Start in Traffic Ln <input type="checkbox"/> Start from Park <input type="checkbox"/> Parked <input type="checkbox"/> Other
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DRIVER	DRIVER OR PEDESTRIAN SOBRIETY (Check One Or More For Each)	DRIVER OR PEDESTRIAN PHYSICAL CONDITION (Check One Or More For Each)	PEDESTRIAN ACTION
	<input type="checkbox"/> HBD (Had Been Drinking) <input type="checkbox"/> Tested By Instrument <input type="checkbox"/> Had Not Been Drinking <input type="checkbox"/> Sobriety Unknown <input type="checkbox"/> Field Sobriety Test <input type="checkbox"/> Eye Gaze/Nystagmus	<input type="checkbox"/> Fatigue-Asleep <input type="checkbox"/> Eyesight Imp <input type="checkbox"/> Hearing Imp <input type="checkbox"/> ILL *Specify _____ Measurements By _____	<input type="checkbox"/> Medication <input type="checkbox"/> Amputee <input type="checkbox"/> No App Defects <input type="checkbox"/> Other Physical Impairment* *Specify _____ Leave Blank

Diagram Drawn By: _____

DIAGRAM



Use Supplemental Diagram/Narrative Sheet for additional information.
NARRATIVE (Describe how accident occurred).

TRAILER OR TOWED VEHICLES	TOWED BY VEH. #1	Year	Make	Lic Yr - State - Number	Type
	TOWED BY VEH. #2	Year	Make	Lic Yr - State - Number	Type
	VEH. NO. _____	Name	Violation	W B C	Citation No
	VEH. NO. _____	Name	Violation	W B C	Citation No
ENFORCEMENT ACTION	VEH. NO. _____	Name	Violation	W B C	Citation No
Time Notified	Time Arrived		Notified By	Supvr at Scene	Checked By
Officer's Signature	Rank		ID No	District	Date of Report

THIS REPORT MAY CONTAIN OPINIONS AND OBSERVATIONS OF THE INVESTIGATING OFFICER



UAR Accident
Report # _____
Date _____

Truck and Bus Supplemental Accident Report

ONLY COMPLETE THIS FORM IF TWO CONDITIONS ARE MET

<p>ACCIDENT MUST HAVE INVOLVED</p> <p>Condition #1: <input type="checkbox"/> A truck with at least 2 axles or 6 tires; and/or <input type="checkbox"/> A vehicle with Hazmat placarding; or <input type="checkbox"/> A bus with seats for more than 15 people (including driver).</p>	<p>AND AT LEAST ONE OF THE FOLLOWING OCCURRED:</p> <p>Condition #2: <input type="checkbox"/> Person(s) fatally injured. <input type="checkbox"/> Injured person(s) taken from the scene for medical attention. <input type="checkbox"/> Vehicle(s) towed from the scene.</p>
--	---

ACCIDENT INFORMATION				
Carrier Name			Source: <input type="checkbox"/> Vehicle Side <input type="checkbox"/> Shipping Papers <input type="checkbox"/> Driver	
Carrier Address				
Carrier ID #	US DOT #	ICC MC #	State Name	State #

VEHICLE CONFIGURATION	CARGO BODY TYPE
<input type="checkbox"/> Bus <input type="checkbox"/> Single unit truck, 2 axle, 6 tire <input type="checkbox"/> Single unit truck, 3 or more axles <input type="checkbox"/> Truck / Trailer <input type="checkbox"/> Truck Tractor (bobtail) <input type="checkbox"/> Tractor / Semitrailer <input type="checkbox"/> Tractor / Doubles <input type="checkbox"/> Unknown heavy truck	<input type="checkbox"/> Bus <input type="checkbox"/> Van or Enclosed Box <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Flatbed <input type="checkbox"/> Dump <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Auto Transport <input type="checkbox"/> Garbage or Refuse <input type="checkbox"/> Unknown heavy truck

Gross Vehicle Weight Rating	lbs.	Axles on Vehicle Including Trailer	Number of Injuries	Number of Fatalities
HAZMAT	Was Hazardous Cargo Released from the Vehicle?	From Placard, Indicate 4 Digit Placard Number	Indicate Name from Diamond or Box	Indicate Single Digit Number from Bottom of Diamond
	<input type="checkbox"/> YES <input type="checkbox"/> NO			

SEQUENCE OF EVENTS	TRAFFICWAY
<p>1 2 3 4 Ran Off the Road</p> <p>1 2 3 4 Jackknifed</p> <p>1 2 3 4 Overturned</p> <p>1 2 3 4 Downhill Runaway</p> <p>1 2 3 4 Cargo Lost or Shifted</p> <p>1 2 3 4 Explosion or Fire</p> <p>1 2 3 4 Separation of Units</p> <p>1 2 3 4 Collision Involving Pedestrian</p> <p>1 2 3 4 Collision Involving Vehicle in Transport</p> <p>1 2 3 4 Collision Involving Parked Vehicle</p> <p>1 2 3 4 Collision Involving Train</p> <p>1 2 3 4 Collision Involving Pedalcycle</p> <p>1 2 3 4 Collision Involving Animal</p> <p>1 2 3 4 Collision Involving Fixed Object</p> <p>1 2 3 4 Collision Involving Other Object</p> <p>1 2 3 4 Other</p>	<input type="checkbox"/> Not physically divided <input type="checkbox"/> Divided highway, median strip, no traffic barrier <input type="checkbox"/> Divided highway, median strip, with traffic barrier <input type="checkbox"/> One way traffic
	ACCESS CONTROL
	<input type="checkbox"/> No control, unlimited access <input type="checkbox"/> Full control, only ramp entry and exit
	COMMENTS AND OTHER INFORMATION

New Mexico

FATAL ACCIDENT SUPPLEMENTAL REPORT

SECTION I ADMINISTRATIVE CONTROL AND ACCIDENT DATA

DATE OF ACCIDENT MO. / DAY / YR.		Military Time	CITY OCCURRED IN		COUNTY	SHEET OF SHEETS
ACCIDENT FIRST REPORTED BY <input type="checkbox"/> OCCUPANT OF INVOLVED VEHICLE <input type="checkbox"/> RESIDENT/BYSTANDER WITNESS <input type="checkbox"/> PASSING MOTORIST WITNESS <input type="checkbox"/> RESIDENT/BYSTANDER NOT A WITNESS <input type="checkbox"/> PASSING MOTORIST NOT A WITNESS <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> POLICE			ADJACENT LAND DEVELOPMENT <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> AGRICULTURAL <input type="checkbox"/> UNDEVELOPED <input type="checkbox"/> SCHOOL <input type="checkbox"/> RECREATIONAL		TYPE OF EMERGENCY EQUIPMENT REQUIRED <input type="checkbox"/> COMMERCIAL AMBULANCE <input type="checkbox"/> RESCUE SQUAD <input type="checkbox"/> NONE <input type="checkbox"/> OTHER (Specify)	
HOW REPORTED <input type="checkbox"/> TELEPHONE <input type="checkbox"/> RADIO <input type="checkbox"/> DIRECT CONTACT <input type="checkbox"/> OTHER (Specify)						
EXTRICATION: <input checked="" type="checkbox"/> NOT REQUIRED <input type="checkbox"/> BY AMBULANCE RESCUE ATTENDANT <input type="checkbox"/> POLICE <input type="checkbox"/> BY PASSER-BY <input type="checkbox"/> OTHER						
SPECIAL STUDY AREA: <input type="checkbox"/> NONE <input type="checkbox"/> SPECIFY:						

SECTION II VEHICLE DATA

VEHICLE DEFECTS					VEH. No. 1	VEH. No. 2	VEH. No. 3
VEHICLE NONE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		VEHICLE SIGNALS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		Odometer Reading			
HANDLING & STABILITY: BRAKES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TIRES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> STEERING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POWER PLANT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SUSPENSION <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER H & S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> VISIBILITY: LIGHTS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		WINDOWS/WINDSHIELD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER VISIBILITY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CONTROLS & DISPLAYS: FOOT CONTROLS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MANUAL CONTROLS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER C & D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> UNKNOWN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Automatic Transmission	yes no unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	yes no unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	yes no unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
				Damage Cost (In Dollars)			
				Inspection Certificate	<input type="checkbox"/> Current <input type="checkbox"/> Expired <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Current <input type="checkbox"/> Expired <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Current <input type="checkbox"/> Expired <input type="checkbox"/> None <input type="checkbox"/> Unknown

SECTION III NON-OCCUPANT DATA (PEDESTRIAN)

CLOTHING				DRIVER				PEDESTRIAN			
PEDESTRIAN 1 2 3 LIGHT & NO REFLECTIVE GARMENT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LIGHT AND REFLECTIVE GARMENT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LIGHT & OTHER REFLECTIVE ARTICLE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LIGHT & UNKNOWN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DARK & NO REFLECTIVE GARMENT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DARK & REFLECTIVE GARMENT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DARK & OTHER REFLECTIVE ARTICLE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		PEDESTRIAN 1 2 3 DARK & UNKNOWN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NEUTRAL & NO REFLECTIVE GARMENT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NEUTRAL & REFLECTIVE GARMENT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NEUTRAL & OTHER REFLECTIVE GARMENT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NEUTRAL & UNKNOWN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NO CLOTHING <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> UNKNOWN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		DRIVER 1 2 3 NO TEST <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> REFUSED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BLOOD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BREATH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> URINE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SALIVA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		PEDESTRIAN 1 2 3 NO TEST <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> REFUSED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BLOOD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BREATH <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> URINE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> SALIVA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
				TIME ADMINISTERED:							
				RESULTS:							

DISTRIBUTION: WHITE COPY - LAW ENFORCEMENT; YELLOW COPY - HIGHWAY DEPT.; PINK COPY - MOTOR VEHICLE DIV.

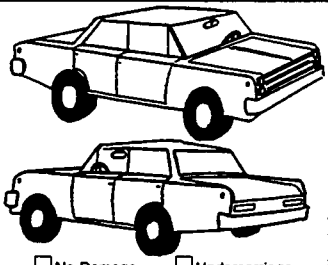
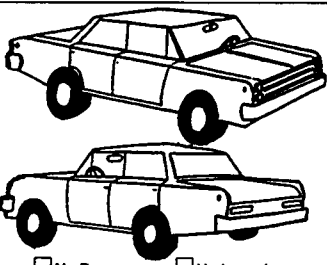
New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT (NYC)
MV-104AN (3/93)

Page _____ of _____ Pages

Precinct _____

Accident No. _____

New York

1	Accident Date Mo. / Day / Year	Day of Week	Time (Military)	No. of Veh.	No. Injured	No. Killed	Non-Highway	Not Investigated at Scene	Left Scene	Police Photos Yes <input type="checkbox"/> No <input type="checkbox"/>	19
2	VEHICLE 1 Name — exactly as printed on license					VEHICLE 2 Name — exactly as printed on license					20
3	Number and Street City State Zip Code					Number and Street City State Zip Code					21
4	Date of Birth Sex Unlicensed No. of Occup. Public Property Damaged State of Lic.					Date of Birth Sex Unlicensed No. of Occup. Public Property Damaged State of Lic.					22
5	Name — exactly as printed on registration Mo. / Day / Year					Name — exactly as printed on registration Mo. / Day / Year					23
6	Number and Street Hazardous Material Code					Number and Street Hazardous Material Code					24
7	City State Zip Code					City State Zip Code					25
8	Plate Number State of Reg. Yr. & Vehicle Make Vehicle Type Ins. Code					Plate Number State of Reg. Yr. & Vehicle Make Vehicle Type Ins. Code					26
9	Check if involved vehicle: <input type="checkbox"/> is a commercial motor vehicle; <input type="checkbox"/> is more than 95 inches wide; <input type="checkbox"/> is more than 34 feet long; <input type="checkbox"/> was operated with an overweight permit; <input type="checkbox"/> was operated with an overdimension permit.					Check if involved vehicle: <input type="checkbox"/> is a commercial motor vehicle; <input type="checkbox"/> is more than 95 inches wide; <input type="checkbox"/> is more than 34 feet long; <input type="checkbox"/> was operated with an overweight permit; <input type="checkbox"/> was operated with an overdimension permit.					27
10	VEHICLE 1 DAMAGE  <input type="checkbox"/> No Damage <input type="checkbox"/> Undercarriage					VEHICLE 2 DAMAGE  <input type="checkbox"/> No Damage <input type="checkbox"/> Undercarriage					28
11	Location Code County					Route No. and Street Name					29
12	Ticket/Arrest <input type="checkbox"/> Other <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist					Ticket/Arrest Number(s) Violation Section(s)					30
13	Accident Description/Officer's Notes										31
14	Accident Description/Officer's Notes										32
15	Accident Description/Officer's Notes										33
16	Accident Description/Officer's Notes										34
17	Accident Description/Officer's Notes										35
18	Accident Description/Officer's Notes										36
19	Accident Description/Officer's Notes										37
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78	Accident Description/Officer's Notes										96
79	Accident Description/Officer's Notes										97
80	Accident Description/Officer's Notes										98
81	Accident Description/Officer's Notes										99
82	Accident Description/Officer's Notes										100

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	18	Names - If Deceased Give Date of Death
A												
B												
C												
D												
E												
F												
G												
SIGN HERE	Officer's Rank and Name					Badge No.	Department	Precinct	Post/Sector	Reviewing Officer	Date/Time Reviewed	
							03030					

PERSONS KILLED OR INJURED IN ACCIDENT* (Letter designation of persons killed or injured must correspond with letter designation on front).

A Last Name	First	M.I.	E Last Name	First	M.I.
Address			Address		
B Last Name	First	M.I.	F Last Name	First	M.I.
Address			Address		
C Last Name	First	M.I.	G Last Name	First	M.I.
Address			Address		
D Last Name	First	M.I.	Highway Dist. at Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address			Name: Shield No.		

*ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD (Injured cases ONLY)

Vehicle No. 1 Vehicle No. 2

WITNESSES (Attach separate sheet, if necessary)

Name	Address	Phone

DUPLICATE COPY REQUIRED FOR:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Dept. of Motor Vehicles
(Person Killed/Injured) | <input type="checkbox"/> Motor Transport Division
(P.D. Vehicle Involved) | <input type="checkbox"/> NYC Taxi & Limousine Comm.
(Licensed Taxi or Limousine Involved) | <input type="checkbox"/> Other City Agency
(Specify) _____ |
| <input type="checkbox"/> Office of Comptroller
(City Involved) | <input type="checkbox"/> Personnel Safety Unit
(P.D. Vehicle Involved) | <input type="checkbox"/> NYS Thruway Authority | |

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list who at Missing Person Squad was notified. In either case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicles)	OWNER OR PROPERTY (Include city agency, where applicable)

IF NYPD VEHICLE IS INVOLVED:

Police Vehicle—Operator's First Name		Last Name		Rank	Shield No.	Tax Reg. No.	Command
Make of Vehicle	Year	Type of Vehicle	Reg. No. (If Any)	Dept. No.	Assigned To What Command		
Equipment in Use At Time of Accident							
<input type="checkbox"/> Siren	<input type="checkbox"/> Horn	<input type="checkbox"/> Turnet Light	<input type="checkbox"/> 4-Way Flasher	<input type="checkbox"/> Hi-Level Warning Lights	<input type="checkbox"/> Traffic Cones	<input type="checkbox"/> Headlights	

ACTIONS OF POLICE VEHICLE

- | | |
|--|---|
| <input type="checkbox"/> Responding to Code Signal _____ | <input type="checkbox"/> Complying with Station House Directive |
| <input type="checkbox"/> Pursuing Violator | <input type="checkbox"/> Routine Patrol |
| <input type="checkbox"/> Other (Describe) _____ | |

MV-104AN (3/83)

PEDESTRIAN/BICYCLIST LOCATION 1. Pedestrian/Bicyclist at Intersection 2. Pedestrian/Bicyclist Not at Intersection		APPARENT CONTRIBUTING FACTORS HUMAN 2. Alcohol Involvement 3. Backing Unsafely * 4. Driver Inattention * 5. Driver Inexperience * 6. Drugs (Illegal) 7. Failure to Yield Right-of-Way 8. Fell Asleep 9. Following Too Closely 10. Illness 11. Lost Consciousness 12. Passenger Distraction 13. Passing or Lane Usage Improper 14. Pedestrian's/Bicyclist's Error/Confusion 15. Physical Disability 16. Prescription Medication 17. Traffic Control Disregarded 18. Turning Improperly 19. Unsafe Speed 20. Unsafe Lane Changing 40. Other Human *		VEHICULAR 41. Accelerator Defective 42. Brakes Defective 43. Headlights Defective 44. Other Lighting Defects 45. Oversized Vehicle 46. Steering Failure 47. Tire Failure/Inadequate 48. Tow Hitch Defective 49. Windshield Inadequate 60. Other Vehicular * ENVIRONMENTAL 61. Animal's Action 62. Glare 63. Lane Marking Improper/Inadequate 64. Obstruction/Debris 65. Pavement Defective 66. Pavement Slippery 67. Shoulders Defective/Improper 68. Traffic Control Device Improper/Non-Working 69. View Obstructed/Limited 80. Other Environmental *	
PEDESTRIAN/BICYCLIST ACTION 1. Crossing, With Signal 2. Crossing, Against Signal 3. Crossing, No Signal, Marked Crosswalk 4. Crossing, No Signal or Crosswalk 5. Riding/Walking Along Highway With Traffic 6. Riding/Walking Along Highway Against Traffic 7. Emerging from In Front of/Behind Parked Vehicle 8. Going To/From Stopped School Bus 9. Getting On/Off Vehicle Other Than School Bus 10. Pushing/Working On Car 11. Working in Roadway 12. Playing in Roadway 13. Other Actions in Roadway * 14. Not in Roadway		TRAFFIC CONTROL 1. None 2. Traffic Signal 3. Stop Sign 4. Flashing Light 5. Yield Sign 6. Officer/Guard 7. No Passing Zone 8. RR Crossing Sign 9. RR Crossing Flashing Lt. 10. RR Crossing Gates 11. Stopped School Bus-Red Lights Flashing 12. Construction Work Area 13. Maintenance Work Area 14. Utility Work Area 20. Other *		DIRECTION OF TRAVEL 	
LIGHT CONDITIONS 1. Daylight 2. Dawn 3. Dusk 4. Dark-Road Lighted 5. Dark-Road Unlighted		ROADWAY CHARACTER 1. Straight and Level 2. Straight and Grade 3. Straight at Hillcrest 4. Curve and Level 5. Curve and Grade 6. Curve at Hillcrest		PRE-ACCIDENT VEHICLE ACTION 1. Going Straight Ahead 2. Making Right Turn 16. Making Right Turn on Red 3. Making Left Turn 17. Making Left Turn on Red 4. Making U Turn 5. Starting from Parking 6. Starting in Traffic 7. Slowing or Stopping 8. Stopped in Traffic 9. Entering Parked Position 10. Parked 11. Avoiding Object in Roadway 12. Changing Lanes 13. Overtaking 14. Merging 15. Backing 20. Other *	
ROADWAY SURFACE CONDITION 1. Dry 2. Wet 3. Muddy 4. Snow/Ice 5. Slush 0. Other *		WEATHER 1. Clear 2. Cloudy 3. Rain 4. Snow 5. Sleet/Hail/Freezing Rain 6. Fog/Smog/Smoke 0. Other *		LOCATION OF MOST SEVERE PHYSICAL COMPLAINT 1. Head 2. Face 3. Eye 4. Neck 5. Chest 6. Back 7. Shoulder-Upper Arm 8. Elbow-Lower Arm-Hand 9. Abdomen - Pelvis 10. Hip-Upper Leg 11. Knee-Lower Leg-Foot 12. Entire Body	
WHICH VEHICLE OCCUPIED 1. Vehicle No. 1 2. Vehicle No. 2 B. Bicyclist O. Other * P. Pedestrian		LOCATION OF FIRST EVENT 1. On Roadway 2. Off Roadway		TYPE OF ACCIDENT COLLISION WITH 1. Other Motor Vehicle 2. Pedestrian 3. Bicyclist 4. Animal 5. Railroad Train 10. Other Object (Not Fixed) * COLLISION WITH FIXED OBJECT 11. Light Support/Utility Pole 12. Guide Rail 13. Crash Cushion 14. Sign Post 15. Tree 16. Building/Wall 17. Curbing 18. Fence 19. Bridge Structure 20. Culvert/Head Wall 21. Median/Barrier 22. Snow Embankment 23. Earth Embankment/Rock Cut/Ditch 24. Fire Hydrant 30. Other Fixed Object * NON-COLLISION 31. Overtaken 32. Fire/Explosion 33. Submersion 34. Ran Off Roadway Only 40. Other *	
POSITION IN/ON VEHICLE 1. Driver 2-7. Passengers 8. Riding/Hanging on Outside		SAFETY EQUIPMENT USED 1. None 2. Lap Belt 3. Harness 4. Lap Belt/Harness 5. Child Restraint Only 6. Helmet 7. Air Bag Only 8. Air Bag/Lap Belt 9. Air Bag/Harness A. Air Bag/Lap Belt/Harness B. Air Bag/Child Restraint 0. Other *		TYPE OF PHYSICAL COMPLAINT 1. Amputation 2. Concussion 3. Internal 4. Minor Bleeding 5. Severe Bleeding 6. Minor Burn 7. Moderate Burn 8. Severe Burn 9. Fracture - Dislocation 10. Contusion - Bruise 11. Abrasion 12. Complaint of Pain 13. None Visible	
EJECTION FROM VEHICLE 1. Not Ejected 2. Partially Ejected 3. Ejected		VICTIM'S PHYSICAL AND EMOTIONAL STATUS 1. Apparent Death 2. Unconscious 3. Semiconscious 4. Incoherent 5. Shock 6. Conscious		INJURED TAKEN 17 BY TO 18	
		AGE 11 12 13 14 15 16		SEX M F	

NEW YORK CITY HOSPITAL CODES

New York

Bronx County Hospitals

Bronx Municipal Hospital Center - 7003
 Bronx State Hospital - 7004
 Bronx V.A. Hospital - 7005
 Calvary Hospital Inc. - 7006
 Lincoln Hospital - 7010
 Misericordia Hospital - 7011
 Montefiore Hospital and Medical Center - 7012
 North Central Bronx Hospital - 7026
 Pelham Bay General Hospital - 7016
 Prospect Hospital - 7017
 St. Barnabas Hospital - 7019
 The Bronx-Lebanon Hospital Center Concourse Division - 7020
 The Bronx-Lebanon Hospital Center Fulton Division - 7021
 The Hospital of the Albert Einstein Col. of Med. - 7022
 Union Hospital - 7023
 Westchester Square Hospital - 7025

Kings County Hospitals

Baptist Medical Center - 7141
 Brookdale Hospital Center - 7103
 Brooklyn Hospital - 7105
 Brooklyn V.A. Hospital - 7107
 Caledonian Hospital - 7108
 Carson C. Peck Memorial Hospital - 7109
 Community Hospital of Brooklyn - 7110
 Coney Island Hospital - 7111
 Flatbush General Hospital - 7113
 Hospital of the Holy Family - 7115
 Jewish Hospital and Medical Center - 7118
 Kings County Hospital Center - 7119
 Kings Highway Hospital - 7120
 Kingsbrook Jewish Medical Center - 7121
 Long Island College Hospital - 7124
 Lutheran Medical Center - 7126
 Maimonides Medical Center - 7127
 Methodist Hospital of Brooklyn - 7128
 St. John's Episcopal Hospital - 7132
 St. Mary's Hospital - 7133
 State University Hospital Downstate Medical Center - 7134
 Victory Memorial Hospital - 7137
 Wyckoff Heights Hospital - 7139
 Woodhull Medical Center - 7142

Queens County Hospitals

Astoria General Hospital - 7301
 Booth Memorial Hospital - 7302
 Boulevard Hospital - 7303
 Catholic Medical Center - Brooklyn-Queens, Inc. - 7304
 City Hospital Center at Elmhurst (Satellite) - 7305
 Creedmore State Hospital - 7306
 Deepdale General Hospital - 7307
 Flushing Hospital and Medical Center - 7308
 Hillcrest General Hospital - 7309
 H.I.P. Hospital, Inc. - 7310
 Jamaica Hospital - 7311
 Long Island Jewish-Hillside Medical Center - 7314
 Mary Immaculate Hospital - 7315
 Parkway Hospital - 7316
 Parsons Hospital - 7317
 Peninsula Hospital Center - 7318
 Physician's Hospital - 7319
 Queens Hospital Center - 7321
 St. John's Episcopal Hospital South Shore Div. - 7322
 St. Albans Naval Hospital - 7323
 St. John's Queens Hospital - 7324
 St. Mary's Hospital - 7325

Richmond County Hospitals

Bayley Seton Hospital - 7408
 Doctors Hospital of Staten Island - 7401
 New York State Willowbrook State School - 7407
 Richmond Memorial Hospital - 7402
 Sea View Hospital and Home - 7403
 St. Vincent's Medical Center of Richmond - 7404
 Staten Island Hospital - 7405
 U.S. Public Health Service Hospital (Marine Hospital) - 7406

New York County Hospitals

Beekman-Downtown Hospital - 7201
 Bellevue Hospital Center - 7202
 Beth Israel Medical Center - 7203
 Coler Memorial Hospital - 7204
 Cabrini Medical Center - 7258
 Columbia-Presbyterian Medical Center - 7205
 Doctors Hospital - 7208
 Flower and Fifth Avenue Hospital - 7209
 Goldwater Memorial Hospital - 7212
 Harlem Hospital Center - 7215
 Hospital for Joint Diseases - 7216
 Hospital for Special Surgery - 7218
 Joint Diseases North General Hospital - 7259
 Lenox Hill Hospital - 7223
 Manhattan Eye, Ear and Throat Hospital - 7226
 Manhattan State Hospital - 7227
 Manhattan V.A. Hospital - 7228
 Medical Arts Center Hospital - 7229
 Memorial Hospital for Cancer & Allied Diseases - 7230
 Metropolitan Hospital - 7231
 Mount Sinai Hospital - 7233
 New York Hospital - 7234
 New York Eye and Ear Infirmary - 7237
 New York Infirmary - 7239
 New York University Medical Center - 7241
 Rockefeller University Hospital - 7246
 Roosevelt Hospital - 7247
 Saint Clare's Hospital - 7249
 Saint Luke's Hospital - 7251
 Saint Vincent's Hospital - 7252

Westchester County Hospitals

Blythedale Childrens Hospital - 5901
 Burke Rehabilitation Center - 5902
 Cornell Medical Center - 5916
 Dobbs Ferry Hospital - 5903
 FDR Hospital (Veterans Hospital) - 5911
 Westchester County Medical Center - 5905
 Lawrence Hospital - 5906
 Mount Vernon Hospital - 5920
 New Rochelle Hospital - 5923
 Northern Westchester Hospital - 5907
 Peekskill Hospital - 5908
 Phelps Memorial Hospital - 5909
 St. Agnes Hospital - 5919
 St. John's Riverside Hospital - 5910
 St. Joseph's Hospital - 5925
 St. Vincent's Hospital - 5917
 United Hospital - 5912
 White Plains Hospital - 5913
 Yonkers General Hospital - 5914

Nassau County Hospitals

Central General Hospital - 2908
 Community Hospital at Glen Cove - 2902
 Franklin General Hospital - 2913
 H.I.P. Hospital of Syosset - 2903
 Hempstead General Hospital - 2907
 Long Island Jewish Hillside Medical Center - 2918
 Long Beach Hospital - 2900
 Lydia E. Hall Hospital - 2912
 Massapequa General Hospital - 2917
 Mercy Hospital - 2915
 Mid Island Hospital - 2910
 Nassau Hospital - 2905
 Nassau County Medical Center - 2909
 North Shore Hospital - 2901
 South Nassau Community Hospital - 2911
 St. Francis Hospital - 2916

Any New Jersey Hospital - 9670

New York State Department of Motor Vehicles
TRUCK and BUS SUPPLEMENTAL
POLICE ACCIDENT REPORT
 MV-104S (11/83)

DMV USE ONLY

Page of Pages

Local Codes

Amended Report

NUMBER OF QUALIFYING VEHICLES INVOLVED: _____ Trucks with 6 or more tires or a Haz Mat Placard. _____ Buses designed to carry 16 or more persons		NUMBER OF VEHICLES: _____ Towed from scene due to damage _____ Provided intervening assistance NUMBER OF PERSONS: _____ Sustaining fatal injuries _____ Transported for IMMEDIATE medical treatment		DMV USE ONLY	
DATE OF ACCIDENT MO. DAY YEAR	TIME OF ACCIDENT (Military)	COUNTY	CITY/TOWN/VILLAGE		
DRIVER License Number: _____					
Name:		Date of Birth:	MO. DAY YR.	SEX:	MV-104A/AN VEH NUMBER
CARRIER'S NAME:				SOURCE 1 Vehicle side 4 Other 2 Shipping papers 5 Unknown 3 Driver	
STREET OR P.O. BOX		CITY	STATE	ZIP CODE	TOTAL AXLES (Includes trailers)
CARRIER'S IDENTIFICATION NUMBERS			PLATE NUMBER:		STATE OF REG.
US DOT		ICC MC			
GROSS VEHICLE WEIGHT RATING Truck/Tractor _____ lbs. Total All Trailer(s) _____ lbs.		VEHICLE IDENTIFICATION NUMBER			
1 VEHICLE CONFIGURATION 0 4 tires With Haz Mat Placard 1 Bus 2 Single-unit truck: 2 axles, 6 tires 3 Single-unit truck: 3 or more axles 4 Truck/trailer 5 Tractor (no trailer) 6 Tractor/semi-trailer 7 Tractor/doubles 8 Tractor/triples 9 Unknown heavy truck			8 TRAFFIC WAY 1 Not physically divided (2-way trafficway) 2 Divided highway, median strip, without traffic barrier 3 Divided highway, median strip with traffic barrier 4 One-way trafficway		
2 CARGO BODY TYPE 1 Bus 2 Van/enclosed box 3 Cargo tank 4 Flatbed 5 Dump 6 Concrete mixer 7 Auto Transporter 8 Garbage/Refuse 9 Other			9 ACCESS CONTROL 1 No control (unlimited access) 2 Full control (only ramp entry and exit) 3 Other		
3 HAZARDOUS MATERIALS INVOLVEMENT Does vehicle have Haz Mat placard? 1 Yes 2 No COPY FROM PLACARD: 4-digit identification number from diamond/orange panel 1 or 2-digit number from bottom of diamond: _____ -OR- _____ NAME OF HAZ MAT CLASS: _____ WAS HAZARDOUS CARGO RELEASED FROM VEHICLE? (Do not count fuel from fuel tank) 1 Yes 2 No			10 SEQUENCE OF EVENTS (FOR THIS VEHICLE) NON-COLLISION: 01 Ran off road 02 Jackknife 03 Overtum/Rollover 04 Downhill runaway 05 Cargo loss or shift 06 Explosion or fire 07 Separation of units COLLISION WITH: 08 Pedestrian 09 Motor vehicle in transport 10 Parked motor vehicle 11 Train 12 Pedalcycle 13 Animal 14 Fixed object 15 Other object* 16 Other* (non-collision) (* Describe in Explanation Section)		
4 APPARENT DRIVER CONDITION 1 Appeared Normal 2 Had been drinking 3 Illegal drug use 4 Sick 5 Fatigue 6 Asleep 7 Medication 8 Unknown					
DMV USE ONLY					
EXPLANATION:					
OFFICER'S RANK AND NAME					
BADGE NUMBER		DATE OF REPORT			

New York

New York

BLANK

N.C. COLLISION REPORT FORM — Send To: N.C. Division of Motor Vehicles
Raleigh, N.C. 27697-0001

MARKS > < ADDED BY (Initial)

1. VISION OBSTRUCTION
1. None
2. Vehicle window(s) obscured
3. Trees, crops, brush, etc.
4. Building(s)
5. Embankment
6. Sign(s)
7. Hillcrest
8. Parked vehicle(s)
9. Moving vehicle(s)
10. Blinded, headlights
11. Blinded, sunlight
12. Blinded, other lights
13. Other (write in narrative)

2. PHYSICAL CONDITION
1. Normal
2. Ill
3. Fatigued
4. Asleep
5. Impairment due to medicine, alcohol or drugs
6. Other physical impairment

3. INTRODUCTION
1. Had not been drinking
2. Drinking—test given
3. Drinking—test refused
4. Unknown
5. Drinking—no test

4. Injury Class
K—Killed
A—Incapacitating
B—Nonincapacitating
C—No visible—but complaint
O—No injury
5. Belt/Helmet
1. None or not used
2. Lap only
3. Lap and shoulder
4. Child restraint system
7. If motorcycle, helmet in use
8. Unable to determine

7. Restriction not complied with
8. Condition not known

(See Reverse)

11. LOCALITY
1. Rural (<30% developed)
2. Mixed (30% to 70% developed)
3. Urban (>70% developed)

12. PREDOMINANT DEVELOPMENT TYPE
1. Farms, woods, pastures
2. Residential
3. Commercial
4. Industrial
5. Institutional

13. ROAD FEATURE
1. Bridge
2. Underpass
3. Driveway, public
4. Driveway, private
5. Alley intersection
6. Intersection of roadways
7. Non-intersection median crossing
8. End or beginning of divided highway
9. Interchange ramp
10. Interchange service road
11. Railroad crossing
12. Tunnel

14. No special features

15. ROAD CHARACTER
1. Straight, level
2. Straight, hillcrest
3. Straight, grade
4. Straight, bottom (sag)
5. Curve, level
6. Curve, hillcrest
7. Curve, grade
8. Curve, bottom (sag)

16. ROAD CLASS
1. Interstate
2. U. S. route
3. N. C. route
4. State secondary route
5. Local street
6. Public vehicular area
7. Private road, property or driveway

17. ROAD CONFIGURATION
1. Undivided, one-way
2. Undivided, two-way
3. Divided

18. ROAD SURFACE
1. Concrete

19. ROAD DEFECTS
1. Loose material on surface
2. Holes, deep ruts
3. Low shoulders
4. Soft shoulders
5. Other defects

20. ROAD CONDITION
1. Dry
2. Wet
3. Muddy
4. Snowy
5. Icy
6. Other (write in narrative)

21. LIGHT CONDITION
1. Daylight
2. Dusk
3. Dawn
4. Darkness (street lighted)
5. Darkness (street not lighted)

22. WEATHER
1. Clear
2. Cloudy
3. Raining
4. Snowing
5. Fog, smog, smoke, dust
6. Sleet or hail

23. TRAFFIC CONTROL
1. Stop sign
2. Yield sign
3. Stop and go signal
4. Flashing signal with stop sign
5. Flashing signal without stop sign
6. RR gate and flasher
7. RR flasher
8. RR crossbucks only
9. Human control
10. Other (write in narrative)
11. No control present

DMV-349 (Rev. 10/94)

☐ No. of Units Involved
☐ Supplemental Report

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Date: MONTH DAY YEAR Day of Week: County: Time: (24 Hour Clock) Local Use / Patrol Area: Date Reported by: Driver's Initials: Date Reported by: Driver's Initials:

LOCATION: Collision occurred ☐ In ☐ Near Municipality: or: Miles: ☐ N ☐ S ☐ E ☐ W outside municipality Highway Number, or Highway, Street, (If ramp or service road, indicate on line): Miles: (0 ft. intersection) ft. ☐ N ☐ S ☐ E ☐ W at or from: Use Highway Number, Street Name or Adjacent County or State Line: ☐ N ☐ S ☐ E ☐ W toward: Use Highway Number, Street Name or Adjacent County or State Line:

☐ VEHICLE 1 ☐ HIT & RUN ☐ VEHICLE 2 ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER

Driver 1: First Middle Last Address City State Zip Same Address on Driver's License? ☐ Yes ☐ No Driver's Phone No. W () H () D.L.# State DOB Vision 1. Obstruction 2. Condition 3. Intoxication Restrictions Physical

Owner: Address City State Zip VIN Plate # State Year Veh. Year Veh. Make Veh. Type Code Commercial Vehicle ☐ Yes ☐ No Trailer Type Code Air Bag Deployed ☐ Yes ☐ No 1st Trailer No. of Axles Passenger ☐ Yes ☐ No Width inches Vehicle Drivable ☐ Yes ☐ No Length feet Post Crash Fire ☐ Yes ☐ No 2nd Trailer No. of Axles Rollover ☐ Yes ☐ No Width inches Hazardous Cargo ☐ Yes ☐ No Length feet Spilled ☐ Yes ☐ No TAD Crossed Median ☐ Yes ☐ No Est. Damage \$ Removed to By Authority

Driver 2: First Middle Last Address City State Zip Same Address on Driver's License? ☐ Yes ☐ No Driver's Phone No. W () H () D.L.# State DOB Vision 1. Obstruction 2. Condition 3. Intoxication Restrictions Physical

Owner: Address City State Zip VIN Plate # State Year Veh. Year Veh. Make Veh. Type Code Commercial Vehicle ☐ Yes ☐ No Trailer Type Code Air Bag Deployed ☐ Yes ☐ No 1st Trailer No. of Axles Passenger ☐ Yes ☐ No Width inches Vehicle Drivable ☐ Yes ☐ No Length feet Post Crash Fire ☐ Yes ☐ No 2nd Trailer No. of Axles Rollover ☐ Yes ☐ No Width inches Hazardous Cargo ☐ Yes ☐ No Length feet Spilled ☐ Yes ☐ No TAD Crossed Median ☐ Yes ☐ No Est. Damage \$ Removed to By Authority

Other Property Damaged: Estimated Damage \$ Owner Name Address

OCCUPANT SECTION INSTRUCTIONS: Give Injury Class, Belt/Helmet Usage, Race/Sex and Age of all occupants in the space corresponding to the seat occupied (see codes at top). Names and addresses are necessary for all occupants.

Seat	4. Inj. Class	5. Belt / Hel.	6. Race / Sex	Age	First Name	Names and Addresses	Last Name	Seat	4. Inj. Class	5. Belt / Hel.	6. Race / Sex	Age	First Name	Names and Addresses	Last Name
Left Front					DRIVER 1			Left Front					DRIVER 2, PEDESTRIAN, OTHER		
Center Front								Center Front							
Right Front								Right Front							
Left Rear								Left Rear							
Center Rear								Center Rear							
Right Rear								Right Rear							

Total Number Occupants: Total Number Injured: Total Number Occupants: Total Number Injured:

Ambulance Requested ☐ Yes ☐ No If yes, Ambulance Arrived At: (24 Hour Clock) Served by: NAME OF EMS

Injured Taken To: (Treatment Facility and City or Town)

ACCIDENT SEQUENCE CODES

6. VEHICLE MANEUVER/
PEDESTRIAN ACTION:

- VEHICLE**
- Stopped in travel lane
 - Parked out of travel lane
 - Parked in travel lane
 - Going straight ahead
 - Changing lanes or merging
 - Passing
 - Making right turn
 - Making left turn
 - Making U turn
 - Backing
 - Slowing or stopping
 - Starting in roadway
 - Parking
 - Leaving parked position
 - Avoiding object in road
 - Other (describe)
- PEDESTRIAN**
- Crossing at intersection

- Crossing not at intersection
 - Coming from behind parked vehicle
 - Walking with traffic
 - Walking against traffic
 - Getting on or off vehicle
 - Standing in road
 - Working in road
 - Playing in road
 - Lying in road
 - Other in road
 - Not in road
- 7. FIRST/MOST HARMFUL EVENT:**
- RAN OFF ROAD**
- Right roadway
 - Left roadway
 - Straight ahead
 - Overturn
 - Other
- NON-COLLISION**
- Overturn
 - Other
- COLLISION WITH VEHICLE WITH MOTOR VEHICLE**
- Pedestrian

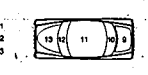
- Parked vehicle
 - Train
 - Bicycle
 - Moped
 - Animal
 - Fixed object
 - Other object
- COLLISION OF MOTOR VEHICLE WITH ANOTHER MOTOR VEHICLE**
- Rear end, slow or stop
 - Rear end, turn
 - Left turn, same roadway
 - Left turn, different roadway
 - Right turn, same roadway
 - Right turn, different roadway
 - Head on
 - Sideswipe
 - Angle
 - Backing
- 8. OBJECT STRUCK (excluding another motor vehicle in traffic)**
- None

- Parked vehicle
- Bicycle, moped
- Pedestrian
- Animal
- Tree
- Utility pole (with or without light)
- Luminaire pole (non-breakaway)
- Luminaire pole (breakaway)
- Official highway sign (non-breakaway)
- Official highway sign (breakaway)
- Commercial sign
- Guardrail end on shoulder
- Guardrail face on shoulder
- Guardrail end in median
- Guardrail face in median
- Shoulder barrier end
- Shoulder barrier face

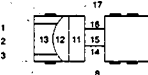
- Median barrier end
- Median barrier face
- Bridge rail end
- Bridge rail face
- Overhead part of underpass
- Pier on shoulder of underpass
- Pier in median of underpass
- Abutment (supporting wall of underpass)
- Curb, median or traffic island
- Catch basin or culvert on shoulder
- Catch basin or culvert in median
- Ditch bank
- Mailbox
- Fence or fence post
- Crash cushion
- Other object (write in narrative)

- 9. DISTANCE TO OBJECT STRUCK**
- In road
 - Right of road, 0-10 ft.
 - Right of road, 11-30 ft.
 - Right of road, over 30 ft.
 - Left of road, 0-10 ft.
 - Left of road, 11-30 ft.
 - Left of road, over 30 ft.
 - None or N/A
 - Straight ahead, 0-10 ft.
 - Straight ahead, 11-30 ft.
 - Straight ahead, over 30 ft.
- 10. VEHICLE DEFECTS**
- Defective brakes
 - Defective headlights
 - Defective rear lights
 - Defective steering
 - Defective tires
 - Other defects
 - Not known if defective
 - No defects detected

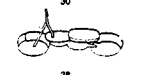
POINTS OF INITIAL CONTACT (Write in Codes)		VEH. 1		VEH. 2	



Passenger Cars/Small Trucks



Tractor-Trailers



Motorcycle, Bicycle or Moped

ACCIDENT SEQUENCE		Veh. 1	Veh. 2 or Ped.	0. No Contact	25. Rollover	ROADWAY INFORMATION (See Front)	
6. Veh. Maneuver/Ped. Action						11. Locality	19. Road Defects
7. First Harmful Event						12. Development Type	20. Road Condition
7. Most Harmful Event						13. Road Feature	21. Light Condition
8. Object Struck						14. Road Character	22. Weather
9. Distance to Object Struck						15. Road Class	23. Traffic Control
10. Vehicle Defects						16. Number of Lanes	Operating <input type="checkbox"/> Yes <input type="checkbox"/> No
						17. Road Configuration	Visible <input type="checkbox"/> Yes <input type="checkbox"/> No
						18. Road Surface	

INDICATE NORTH

Vehicle 1 was Traveling ☐ N ☐ S ☐ E ☐ W on

Vehicle 2 was Traveling ☐ N ☐ S ☐ E ☐ W on

DESCRIBE WHAT HAPPENED:

CIRCUMSTANCES CONTRIBUTING TO THE COLLISION (Check as many as apply)						RESERVED FOR CITY OR OTHER USE	
DRIVER		DRIVER		DRIVER			
1	2	1	2	1	2		
<input type="checkbox"/> 1. None	<input type="checkbox"/> 10. Pass stopped school bus	<input type="checkbox"/> 19. Safe movement violation					
<input type="checkbox"/> 2. Alcohol use	<input type="checkbox"/> 11. Passing on hill	<input type="checkbox"/> 20. Following too closely					
<input type="checkbox"/> 3. Drug use	<input type="checkbox"/> 12. Passing on curve	<input type="checkbox"/> 21. Improper backing					
<input type="checkbox"/> 4. Yield	<input type="checkbox"/> 13. Other improper passing	<input type="checkbox"/> 22. Improper parking					
<input type="checkbox"/> 5. Stop sign	<input type="checkbox"/> 14. Improper lane change	<input type="checkbox"/> 23. Unable to determine					
<input type="checkbox"/> 6. Traffic signal	<input type="checkbox"/> 15. Use of improper lane	<input type="checkbox"/> 24. Left of center					
<input type="checkbox"/> 7. Exceeding speed limit	<input type="checkbox"/> 16. Improper turn	<input type="checkbox"/> 25. Right turn on red					
<input type="checkbox"/> 8. Exceeding safe speed	<input type="checkbox"/> 17. Improper or no signal	<input type="checkbox"/> 26. Other					
<input type="checkbox"/> 9. Failure to reduce speed	<input type="checkbox"/> 18. Improper vehicle equipment						

WIT- Name _____ Address _____ Phone No. () _____

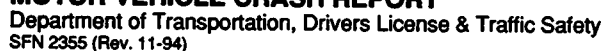
Address _____ Phone No. () _____

ARRESTS: Name _____ Charge(s) _____

Charge(s) _____

Sign Here _____ Officer's Rank and Name _____

Number _____ Department _____ Date of Report _____



NDDOT USE ONLY		FORM _____ OF _____
CRASH NO.	RPT. SEQ.	

North Dakota

161

MOTOR VEHICLE CRASH REPORT OVERLAY NO. 1

Department of Transportation, Drivers License & Traffic Safety
SFN 2356 (Rev. 10-93)

GENERAL INSTRUCTIONS

1. USE BLACK INK OR TYPE ONLY.
2. COMPLETE ALL BLOCKS UNLESS OTHERWISE DIRECTED. EXCEPTIONS ARE LISTED IN APPENDIX A OF THE OFFICERS MANUAL.
3. ALL ITEMS WITH AN ASTERISK (*) MUST BE EXPLAINED IN THE NARRATIVE.

CRASH AND GENERAL INFORMATION

A. REPORT TYPE

1. Original
2. Supplemental (Send copy of original report with all supplemental reports.)

B. CRASH TYPE

1. Traffic
2. Non-Traffic
3. Non-Reportable

C. CRASH SEVERITY

1. Fatal
2. Injury
3. Property Damage Only

D. HIT AND RUN

1. Yes
2. No (If code "Yes" used for original, then all supplemental reports must be "Yes")

E. AGENCY TYPE

1. Highway Patrol
2. City Police
3. County Sheriff
4. BIA
5. Campus PD
6. Military Police
7. Park Ranger

F. INTERSECTION TYPE

1. Non-Intersection
2. Three Roads
3. Four Roads
4. Five Or More Roads

G. RELATION TO ROADWAY

0. On Roadway
1. Shoulder
2. Median
3. Gore
4. Private Property
5. Outside Shoulder-Left (Includes Ditch)
6. Outside Shoulder-Right (Includes Ditch)
7. Off Roadway (Location Unknown)
8. Parking Lot
9. Alley

H. RELATION TO JUNCTION

1. Non-Junction
2. Intersection
3. Interchange Area
4. Alley / Driveway Access
5. Entrance / Exit Ramp
6. Railroad Grade Crossing
7. Bridge
8. Intersection Related

I. ROADWAY GEOMETRICS

1. Straight (On Level)
2. Straight (On Grade)
3. Curve (On Level)
4. Curve (On Grade)
5. Hillcrest

J. TRAFFICWAY

1. Not Divided (Two-Way Traffic)
2. Divided Highway (Median Strip Without Barrier)
3. Divided Highway (Median Strip With Barrier)
4. One-Way Trafficway

K. ACCESS CONTROL

1. No Control (Unlimited Access)
2. Full Control (Only Ramp Entry and Exit)
3. Other *

L. ROAD CONDITION

1. Normal
2. Under Construction, Maintenance
3. Soft / Defective Shoulder
4. Obstruction / Flood
5. Debris On Road
6. Reduced Road Width
7. Holes / Ruts / Bumps / Washout
8. Loose Material Surface

M. SURFACE TYPE

1. Concrete
2. Asphalt
3. Gravel / Scoria
4. Dirt
5. Brick
6. Concrete Bridge Deck
7. Asphalt Bridge Deck
8. Metal Bridge Deck
9. Wood Bridge Deck

N. SURFACE CONDITION

1. Dry
2. Wet
3. Muddy
4. Snow
5. Slush
6. Ice / Compacted Snow
7. Frost

O. WEATHER

1. Clear
2. Cloudy
3. Rain
4. Snow
5. Blowing Soil / Snow
6. Sleet / Hail / Freezing Rain
7. Fog / Smoke / Dust
8. Severe Wind

P. LIGHT

1. Daylight
2. Dawn
3. Dusk
4. Dark (Lighted)
5. Dark (Not Lighted)

Q. VISUAL OBSTRUCTION

0. None
1. Rain / Snow / Frost on Window
2. Trees / Crops / Sign
3. Building
4. Embankment
5. Hillcrest
6. Parked MV
7. MV in Roadway
8. Glare
9. Fog / Smoke / Dust

R. UNIT CONFIGURATION

01. Pass. Car
02. Pickup / Van / Utility
03. Bus (Seats For ≥ 16 , Incl. Driver)
04. School Bus
05. Motorhome / Camper
06. Snowmobile
07. All-Terrain Veh.
08. Motorcycle
09. Moped
10. Pedalcycle
11. Const. Equip.
12. Emergency Vehicle
13. Train
14. Farm Equipment
15. Modified Vehicle
16. Hit and Run Vehicle
17. Roadway Maintenance Vehicle
18. Other Publicly-Owned Vehicle
19. Pedestrian
20. 2-Axle 6-Tire Single Unit Truck / Stepvan
21. 3 or More Axle Single Unit Truck
22. Single Unit Truck
23. Truck Tractor
24. Unknown Heavy Trucks

S. ATTACHMENTS

0. None
1. Single Trailer
2. Double Trailer
3. Triple Trailer

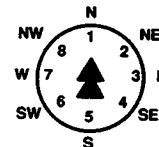
T. TRUCK CARGO BODY TYPE

00. Not Applicable
01. Van / Enclosed Box
02. Dry Bulk Cargo Tank
03. Liquid Bulk Cargo Tank
04. Gaseous Bulk Cargo Tank
05. Flatbed / Platform
06. Dump
07. Concrete Mixer
08. Auto Transporter
09. Garbage / Refuse
10. Bus (16 Incl. Driver)
11. Combination*
12. Special Permit Load
90. Other *
99. Unknown

U. ANTILOCK BRAKE SYSTEM

0. None
1. Rear Only
2. Front Only
3. Front and Rear

V. ORIGINAL DIRECTION OF TRAVEL



W. TRAFFIC CONTROL

00. None
01. Stop Sign
02. No Passing Zone
03. Flashing Beacon
04. RR Signals With Gates
05. RR Signals Only
06. RR Crossbucks / Pavement Marking
07. Officer / Flagperson
08. Traffic Signal
09. Yield Sign
10. Barricade
11. Control Not Visible / Broken

X. ENGINEERING CONCERNS *

00. None
01. Need Signing
02. Trees / Shrubs / Tall Grass
03. Pavement Marking
04. Hill / Curve
05. Narrow Bridge / Roadway
06. Rough Road
07. Lighting
08. Traffic Signals
09. Clearance Height
10. Road Maintenance
11. Delineators / Bridge Markings
12. Guardrail
13. Geometrics
14. Speed Limit

Y. MANNER OF COLLISION

1. Angle
2. Rear-End
3. Head-On
4. Sideswipe (Same Direction)
5. Sideswipe (Opposite Direction)
6. Rear-to-Rear
7. Non-Collision With Motor Vehicle in Transport

Z. FIRST HARMFUL EVENT

(Initial Collision - Characterizes the crash type. Use one of the codes below.)

AA. SEQUENCE OF EVENTS (Use up to 3 of the codes below for each vehicle. If necessary, to describe the sequence of accident-related events following the first harmful event.)

COLLISION WITH OBJECT - NOT FIXED

01. Motor Vehicle in Transport
02. Motor Vehicle in Transport in Other Rdwy
03. Pedestrian
04. Pedalcycle
05. Railway Train
06. Deer
07. Other Large Game
08. Farm Animal
09. Small Animal
10. Parked Motor Vehicle
11. Other Object (Not Fixed)

COLLISION WITH FIXED OBJECT

30. Impact Attenuator
31. Bridge / Pier / Abutment
32. Bridge Parapet End
33. Bridge Rail
34. Guardrail Face
35. Guardrail End
36. Median Barrier
37. Highway Traffic Sign Post
38. Overhead Sign Support
39. Luminaire / Light Support
40. Utility Post
41. Other Post
42. Culvert
43. Curb
44. Ditch
45. Embankment
46. Fence
47. Mail Box
48. Tree
49. Other Fixed Object

NON-COLLISION

20. Overturn / Rollover
21. Fire / Explosion
22. Immersion
23. Jackknife
24. Downhill Runaway
25. Cargo Loss or Shift
26. Separation of Units
27. Ran off Roadway
28. Other Non-Collision

BB. MOST HARMFUL EVENT (If an event following the initial collision causes the most damage use, the codes above. One for each vehicle, if necessary, to identify this most harmful event.)

LEAVE BLANK IF SAME AS "Z" ABOVE

North Dakota

THE STATE CODES ARE AS FOLLOWS:

AL	Alabama
AK	Alaska
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DE	Delaware
DC	District of Columbia
FL	Florida
GA	Georgia
HI	Hawaii
ID	Idaho
IL	Illinois
IN	Indiana
IA	Iowa
KS	Kansas
KY	Kentucky
LA	Louisiana
ME	Maine
MD	Maryland
MA	Massachusetts
MI	Michigan
MN	Minnesota
MS	Mississippi
MO	Missouri

MT	Montana
NE	Nebraska
NV	Nevada
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NY	New York
NC	North Carolina
ND	North Dakota
OH	Ohio
OK	Oklahoma
OR	Oregon
PA	Pennsylvania
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas
UT	Utah
VT	Vermont
VA	Virginia
WA	Washington
WV	West Virginia
WI	Wisconsin
WY	Wyoming
US	US Government

THE CANADIAN PROVINCES:

AB	Alberta
BC	British Columbia
MB	Manitoba
NB	New Brunswick
NF	Newfoundland
NS	Nova Scotia
CN	Unknown Canadian Province

ON	Ontario
PE	Prince Edward Is.
PQ	Quebec
SK	Saskatchewan
NT	Northwest Terr.
YT	Yukon Territory

TERRITORIAL POSSESSIONS:

GU	Guam
PR	Puerto Rico
VI	Virgin Islands

FOREIGN COUNTRIES:

MX	Mexico
OF	Other Foreign Countries

MOST COMMONLY USED CITY CODES:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MOTOR VEHICLE CRASH REPORT OVERLAY NO. 2 **OCCUPANT, WITNESS, AND PROPERTY INFORMATION**

OCCUPANT SEAT POSITION

11	12	13
21	22	23
31	32	33

- | | |
|--|---|
| 11. Front Seat-Left Side (Motorcycle Driver) | 50. Sleeper Section of Cab (Truck) |
| 12. Front Seat-Middle | 51. Passenger in Other Enclosed Passenger or Cargo Area (Non-Trailing Unit) |
| 13. Front Seat-Right Side | 52. Passenger in Unenclosed Passenger or Cargo Area (Non-Trailing Unit) |
| 21. Second Seat-Left Side (Motorcycle Passenger) | 55. Riding on Vehicle Exterior (Non-Trailing Unit) |
| 22. Second Seat-Middle | 80. Bus Passenger |
| 23. Second Seat-Right Side | 94. Damage Prop. (Public) |
| 31. Third Row-Left Side (Motorcycle Passenger) | 95. Damage Prop. (Private) |
| 32. Third Row-Middle | 96. Pedestrian |
| 33. Third Row-Right Side | 97. Witness |
| | 99. Unknown |

AGE – In Years (Code 00 for infants under 1 year, 99 for unknown.)

SEX M – Male F – Female U – Unknown

ALCOHOL/DRUG INVOLVEMENT (ADI)

- | | |
|--------------------------------------|------------------------------------|
| 0. Neither Alcohol nor Drugs Present | 3. Yes (Alcohol and Drugs Present) |
| 1. Yes (Alcohol Present) | 9. Unknown |
| 2. Yes (Drugs Present) | |

ALCOHOL TESTING (AT)

- | | | |
|------------------------------|--------------------|----------------------------------|
| 0.14 AC is Coded 014 | 994 Test Refused | 996 Test Given (Results Unknown) |
| 993 Field Sobriety Test Only | 995 Test Not Given | |

DRUG TESTING (DT)

- | | |
|----------------------|---------------------------------------|
| 0. Not Given | 2. Drugs Reported (If So, Specify **) |
| 1. No Drugs Reported | 7. Test Given (Results Unknown) |

**Identify results for the five regulated substances: Marijuana, Cocaine, Opiates, Amphetamines, & PCP.

SAFETY EQUIPMENT/RESTRAINTS

- | | |
|--|---|
| 00. Not Installed | 98. Not Applicable (Non-Motorist) |
| 01. Not in Use | 99. Restraint Use Unknown |
| 02. Lap Belt Only | |
| 03. Shoulder Belt Only or Automatic Belt Improperly Used | CHILD RESTRAINTS |
| 04. Lap and Shoulder Belts | 10. Child Not Restrained |
| 05. Automatic Belts (Properly Used) | 11. Child Safety Seat (Used Properly) |
| 06. Equipment Failed | 12. Child Safety Seat (Used Improperly) |
| 07. Helmet Worn | |

AIR BAG 0. None 1. Air Bag Deployed 2. Air Bag Not Deployed

INJURY CLASS. WAS INJURED TAKEN TO MEDICAL FACILITY?

- | | | |
|----------|-----------------------|-----------------------|
| | NO | YES |
| 0. None | 2. Disabling | 5. Disabling |
| 1. Fatal | 3. Non-Disabling | 6. Non-Disabling |
| | 4. Possible / Claimed | 7. Possible / Claimed |

EJECTED/EXTRICATED

- | | |
|--------------------|-----------------------------|
| 0. Not Applicable | 3. Partially Ejected |
| 1. Not Ejected | 4. Trapped / Extricated |
| 2. Totally Ejected | 5. Trapped / Not Extricated |

PROPERTY OWNER NOTIFIED 1. Yes 2. No

AMBULANCE RUN NUMBER

UNIT NUMBER

Do not list operator / pedestrian name and address.
 List where fatalities and injuries were taken.

North Dakota

TYPICAL TRUCK AND BUS CONFIGURATIONS



Bus



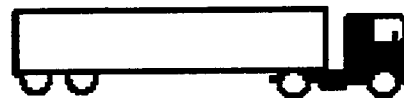
2-Axle, 6-Tire, Single Unit Truck



3 or More Axle Single Unit Truck



Truck Tractor (Bobtail)



Truck Tractor with Single Trailer



Truck Tractor with Double Trailer



Truck Tractor with Triple Trailer

MOTOR VEHICLE CRASH REPORT OVERLAY NO. 3

ACTION SEQUENCE, CITATIONS, AND DAMAGE

A Summary By Unit Number, of the Sequence of Actions, Events, Contributing Factors, Citations, and Vehicle Damage.

North Dakota

TOWED DUE TO DAMAGE

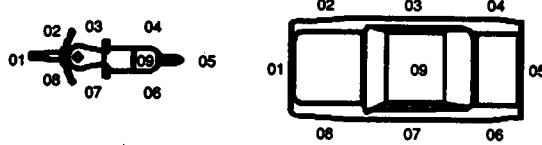
1. Yes 2. No 9. Unknown

EXTENT OF DEFORMITY

0. None 1. Minor 2. Moderate 3. Severe 9. Unknown

DAMAGED AREAS

- 00. None
- 01. Center Front
- 02. Right Front
- 03. Right Side
- 04. Right Rear
- 05. Center Rear
- 06. Left Rear
- 07. Left Side
- 08. Left Front
- 09. Top and Windows
- 10. Undercarriage
- 11. Submerged
- 12. Burned
- 13. Total (All Areas)
- 98. Other *
- 99. Unknown



DRIVER CONDITION

- 0. Appeared Normal
- 1. Had Been Drinking
- 2. Illegal Drug Use
- 3. Physical Impairment
- 4. Fatigue
- 5. Asleep
- 6. Sick
- 7. Medication
- 8. Other *
- 9. Unknown

EVASIVE ACTION

- 1. Slowed / Stopped
- 2. Accelerated
- 3. Turned Right
- 4. Turned Left
- 5. Backed Up
- 6. Did Nothing

CITATIONS/WRITTEN WARNINGS

Use the narrative to provide more specific information on Citations / Written Warnings.

- 00. None
- 01. DUI (Alcohol)
- 02. DUI (Drugs)
- 03. Care Required
- 04. Careless Driving
- 05. Failed To Yield
- 06. Failed To Stop
- 07. Following
- 08. Improper Turning
- 09. Improper Backing
- 10. Overtaking
- 11. Wrong Way
- 12. Speeding
- 13. Defective Equipment
- 14. Illegal Parking
- 98. Other Offense *
- NOT CONTRIBUTING TO CRASH
- 15. Open Container
- 16. Driver's License
- 17. Left Accident Scene

CONTRIBUTING FACTORS

Use up to two of the codes below for each unit.

- 00. No Clear Contributing Factor
- 01. Attention Distracted
- 02. Vision Obstructed
- 03. Speed / Too Fast for Conditions
- 04. Vehicle Mechanical Failure
- 05. Wrong Way
- 06. Failed to Yield
- 07. Following too Close
- 08. Weather
- 09. Defective Equipment
- 10. Improper Evasive Action
- 11. Improper Backing / Turning
- 12. Improper Overtaking
- 13. Drove Left of Center
- 98. Other *

VEHICLE MOVEMENT

- 01. Going Straight
- 02. Turning Left
- 03. Turning Right
- 04. Backing
- 05. Passing
- 06. Wrong Side of Road
- 07. Wrong Way on One-Way
- 08. Starting in Traffic
- 09. Entering / Leaving Parked Position
- 10. Merging / Diverging
- 11. Changing Lanes
- 12. Driverless Vehicle (Moving)
- 13. Driverless Vehicle (Stalled)
- 14. Driverless Vehicle (Stopped)
- 15. U-Turn
- 16. Swerving
- 17. Negotiating Curve
- 18. Slowing / Stopping
- 19. Stopped
- 20. Waiting to Turn Left
- 21. Waiting to Turn Right
- 22. Waiting for Traffic Signal
- 23. Waiting for Pedestrian
- 24. Waiting for Vehicle To Turn
- 25. Waiting for Vehicle Ahead

PEDESTRIAN MOVEMENT

- 31. Crossing at Intersection
- 32. Crossing Not at Intersection
- 33. Moving With Traffic
- 34. Moving Against Traffic
- 35. Pedestrian on Roadway
- 36. Stepped Into Vehicle Path
- 37. Not on Roadway
- 38. Other Action on Roadway

OTHER PROPERTY DAMAGE

Estimate of total damage amount to property other than vehicle.

* DESCRIBE OR EXPLAIN IN NARRATIVE

ABBREVIATIONS:

N North
 E East
 S South
 W West

NE Northeast
 NW Northwest
 SE Southeast
 SW Southwest

AFB Air Force Base
 AVE Avenue
 BLVD Boulevard
 CR Circle
 CT Court
 XING Crossing
 DR Drive
 EXPY Expressway
 FT Fort
 HWY Highway
 INST Institute
 IS Island

JCT Junction
 MI Mile
 PK Park
 PKWY Parkway
 PL Place
 RD Road
 ST Street
 SQ Square
 STA Station
 TE Terrace
 UNIV University

OHIO TRAFFIC CRASH REPORT

OH-4 (Rev. 1/82)

LOCAL REPORT NO.		REPORTING AGENCY		N.C.I.C.		ODHS USE ONLY - DO NOT MARK ABOVE		LOCAL FILE NO.	
REPORT TAKEN	AT STATION	NO. OF VEH PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE)		COMBINED VEH/PROP LOSS	OVER \$150	HIT SKIP		SOLVED
AT SCENE			<input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input type="checkbox"/> PROPERTY DAMAGE ONLY			UNDER \$150			UNSOLVED
IN COUNTY OF		IN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TWP OF		DATE OF CRASH: DAY		TIME: MILITARY			
CRASH OCCURRED ON		WITHIN THE INTERSECTION OF							
IF NOT IN INTERSECTION		N E S W OF		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)		CITY CODE			
MILES: FEET									
LOC		DIR		PLT					
UNIT NO.		NO. OF OCCUPANTS		OPERATING		PARKED			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		DRIVERLESS		HIT & RUN			
PHONE NO.		BIRTH DATE		AGE		SEX			
M D Y									
OWNER (IF SAME AS DRIVER, WRITE SAME)		ADDRESS		PHONE		INSURANCE CO. OR AGENT			
VEH YR		MAKE		MODEL		COLOR			
19									
STYLE		STATE		LICENSE PLATE NO.		TOWING SERVICE			
FROM		TO		VEH/PED DIR					
CIRCLE DAMAGE AREAS		9 TOP		DAMAGE SEVERITY		DAMAGE SCALE			
1 2 3 4 5 6 7 8		10 UNDERCAR		<input type="checkbox"/> NON-FUNCTIONAL		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE			
		11 LOAD		<input type="checkbox"/> FUNCTIONAL		<input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY			
		12 TRAILER		<input type="checkbox"/> DISABLING		VEHICLE DISPOSITION			
						<input type="checkbox"/> DRIVEN AWAY			
						<input type="checkbox"/> REMAINED AT SCENE			
						<input type="checkbox"/> TOWED			
						<input type="checkbox"/> NO FIRE			
						<input type="checkbox"/> FIRE DUE TO CRASH			
						<input type="checkbox"/> OTHER FIRE			
UNIT NO.		NO. OF OCCUPANTS		OPERATING		PARKED			
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		DRIVERLESS		HIT & RUN			
PHONE NO.		BIRTH DATE		AGE		SEX			
M D Y									
OWNER (IF SAME AS DRIVER, WRITE SAME)		ADDRESS		PHONE		INSURANCE CO. OR AGENT			
VEH YR		MAKE		MODEL		COLOR			
19									
STYLE		STATE		LICENSE PLATE NO.		TOWING SERVICE			
FROM		TO		VEH/PED DIR					
CIRCLE DAMAGE AREAS		9 TOP		DAMAGE SEVERITY		DAMAGE SCALE			
1 2 3 4 5 6 7 8		10 UNDERCAR		<input type="checkbox"/> NON-FUNCTIONAL		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE			
		11 LOAD		<input type="checkbox"/> FUNCTIONAL		<input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY			
		12 TRAILER		<input type="checkbox"/> DISABLING		VEHICLE DISPOSITION			
						<input type="checkbox"/> DRIVEN AWAY			
						<input type="checkbox"/> REMAINED AT SCENE			
						<input type="checkbox"/> TOWED			
						<input type="checkbox"/> NO FIRE			
						<input type="checkbox"/> FIRE DUE TO CRASH			
						<input type="checkbox"/> OTHER FIRE			
FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE			
				M D Y					
ADDRESS		PHONE		SEX		POSITION			
						A B C D E F			
FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE			
				M D Y					
ADDRESS		PHONE		SEX		INJURIES			
						A B C D E F			
FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE			
				M D Y					
ADDRESS		PHONE		SEX		CONDITION			
						A B C D E F			
FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE			
				M D Y					
ADDRESS		PHONE		SEX		ALCOHOL			
						A B C D E F			
A B C		INJURED TAKEN TO		BY		1 NOT USED			
D E F						2 NONE AVAILABLE			
A B C		INJURED TAKEN TO		BY		3 LAP BELT USED			
D E F						4 LAP/SHOULDER BELT USED			
A		OFFENSE CHARGED AND DESCRIPTION		O.R.C. CITY ORD:		5 SHOULDER BELT USED			
B		OFFENSE CHARGED AND DESCRIPTION		O.R.C. CITY ORD:		6 CHILD SAFETY SEAT			
RECEIVED CALL		DISPATCHED		ARRIVED		7 AIR BAG USED			
DATE REPORT FILED		PHOTOS		OFFICER'S NAME		8 USE NOT REPORTED			
M D Y		<input type="checkbox"/> YES <input type="checkbox"/> NO				EJECTION			
BADGE NO.		CHECKED BY				A B C D E F			
						1 NOT EJECTED			
						2 PARTIAL			
						3 TOTAL			
						4 TRAPPED INSIDE VEHICLE			
						1 NO ALCOHOL DETECTED			
						2 HBD ABILITY IMPAIRED			
						3 HBD ABILITY NOT IMPAIRED			
						4 HBD ABILITY UNKNOWN			
						DRUGS			
						A B C D E F			
						1 NOT TESTED			
						2 YES			
						3 NO			
						1 NO DRUGS DETECTED			
						2 USING PRESCRIBED DRUG			
						3 USING ILLICIT DRUG			

HSY 0004

Ohio

[illegible]

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

REPORTING AGENCY:										ACCIDENT NUMBER										ADMINISTRATIVE									
MONTH		DAY		YEAR		24 HOUR TIME				DAY OF WEEK				COUNTY				COUNTY NUMBER											
STREET, ROAD OR HIGHWAY										DISTANCE FROM		(NEAREST) INTERSECTING STREET, ROAD OR HIGHWAY																	
IN CITY		NEAR CITY		NAME OF NEAREST CITY OR TOWN				CITY NUMBER		DISTANCE FROM NEAREST CITY OR TOWN LIMITS																			
HIGHWAY CLASS		STATE HIGHWAY CODES		CONTROL NUMBER		INTERSECTION ID		LOCATION		COUNTY SECTION LINE ORDS		EAST		NORTH		RAILROAD CROSSING NUMBER													
MOTOR VEHICLES INVOLVED				NUMBER KILLED				NUMBER INJURED				ADMINISTRATIVE																	
UNIT		OCCUPANTS				DRIVER		PEDESTRIAN		ANIMAL		TRAIN		OTHER		COMMERCIAL MOTOR VEHICLE		HAZ MAT PLACARD											
NAME LAST				FIRST				MIDDLE				STREET/RFD				CITY				STATE		ZIP							
DOB MO/DAY/YR				SEX		DRIVER LICENSE NUMBER				STATE		CLASS		ENDORSEMENT(S)		RESTRICTIONS		PHONE											
INJURY SEVERITY		TYPE OF INJURY		INJURED TAKEN BY		SAFETY EQUIPMENT IN USE		AIR BAG DEPLOYED		Y		N																	
EJECTED		Y		N		PINNED		Y		N		CHEMICAL TEST		RESULTS		DRIVER/PEDESTRIAN CONDITION		TOWED VEHICLE (DESCRIBE)											
VEH		YEAR		COLOR		MAKE		MODEL		STYLE		SIZE		VIN		LICENSE PLATE NO		MO/YR		STATE		NUMBER							
OWNER'S NAME SAME AS DRIVER				LAST				FIRST				MIDDLE				STREET/RFD				CITY				STATE		ZIP			
SECURITY VERIFICATION				INSURANCE COMPANY				NAME				POLICY NO																	
FROM MO DAY YR				TO MO DAY YR				AGENT NAME				ADDRESS				CITY				STATE				ZIP					
VEH REMOVED BY				LEGAL SPEED				BEFORE CONTACT				CONTACT				ESTIMATED DAMAGES				BURNED				Y		N			
DRIVER				CITATION NUMBER				STATUTE / ORDNANCE NUMBER				CITATION NUMBER				STATUTE / ORDNANCE NUMBER				CITATION NUMBER									
UNIT		OCCUPANTS				DRIVER		PEDESTRIAN		ANIMAL		TRAIN		OTHER		COMMERCIAL MOTOR VEHICLE		HAZ MAT PLACARD											
NAME LAST				FIRST				MIDDLE				STREET/RFD				CITY				STATE		ZIP							
DOB MO/DAY/YR				SEX		DRIVER LICENSE NUMBER				STATE		CLASS		ENDORSEMENT(S)		RESTRICTIONS		PHONE											
INJURY SEVERITY		TYPE OF INJURY		INJURED TAKEN BY		SAFETY EQUIPMENT IN USE		AIR BAG DEPLOYED		Y		N																	
EJECTED		Y		N		PINNED		Y		N		CHEMICAL TEST		RESULTS		DRIVER/PEDESTRIAN CONDITION		TOWED VEHICLE (DESCRIBE)											
VEH		YEAR		COLOR		MAKE		MODEL		STYLE		SIZE		VIN		LICENSE PLATE NO		MO/YR		STATE		NUMBER							
OWNER'S NAME SAME AS DRIVER				LAST				FIRST				MIDDLE				STREET/RFD				CITY				STATE		ZIP			
SECURITY VERIFICATION				INSURANCE COMPANY				NAME				POLICY NO																	
FROM MO DAY YR				TO MO DAY YR				AGENT NAME				ADDRESS				CITY				STATE				ZIP					
VEH REMOVED BY				LEGAL SPEED				BEFORE CONTACT				CONTACT				ESTIMATED DAMAGE				BURNED				Y		N			
DRIVER				CITATION NUMBER				STATUTE / ORDNANCE NUMBER				CITATION NUMBER				STATUTE / ORDNANCE NUMBER				CITATION NUMBER									
UNIT		OCCUPANTS				DRIVER		PEDESTRIAN		ANIMAL		TRAIN		OTHER		COMMERCIAL MOTOR VEHICLE		HAZ MAT PLACARD											
NAME LAST				FIRST				MIDDLE				STREET/RFD				CITY				STATE		ZIP							
DOB MO/DAY/YR				SEX		DRIVER LICENSE NUMBER				STATE		CLASS		ENDORSEMENT(S)		RESTRICTIONS		PHONE											
INJURY SEVERITY		TYPE OF INJURY		INJURED TAKEN BY		SAFETY EQUIPMENT IN USE		AIR BAG DEPLOYED		Y		N																	
EJECTED		Y		N		PINNED		Y		N		CHEMICAL TEST		RESULTS		DRIVER/PEDESTRIAN CONDITION		TOWED VEHICLE (DESCRIBE)											
VEH		YEAR		COLOR		MAKE		MODEL		STYLE		SIZE		VIN		LICENSE PLATE NO		MO/YR		STATE		NUMBER							
OWNER'S NAME SAME AS DRIVER				LAST				FIRST				MIDDLE				STREET/RFD				CITY				STATE		ZIP			
SECURITY VERIFICATION				INSURANCE COMPANY				NAME				POLICY NO																	
FROM MO DAY YR				TO MO DAY YR				AGENT NAME				ADDRESS				CITY				STATE				ZIP					
VEH REMOVED BY				LEGAL SPEED				BEFORE CONTACT				CONTACT				ESTIMATED DAMAGE				BURNED				Y		N			
DRIVER				CITATION NUMBER				STATUTE / ORDNANCE NUMBER				CITATION NUMBER				STATUTE / ORDNANCE NUMBER				CITATION NUMBER									
UNIT		OCCUPANTS				DRIVER		PEDESTRIAN		ANIMAL		TRAIN		OTHER		COMMERCIAL MOTOR VEHICLE		HAZ MAT PLACARD											
NAME LAST				FIRST				MIDDLE				STREET/RFD				CITY				STATE		ZIP							
DOB MO/DAY/YR				SEX		DRIVER LICENSE NUMBER				STATE		CLASS		ENDORSEMENT(S)		RESTRICTIONS		PHONE											
INJURY SEVERITY		TYPE OF INJURY		INJURED TAKEN BY		SAFETY EQUIPMENT IN USE		AIR BAG DEPLOYED		Y		N																	
EJECTED		Y		N		PINNED		Y		N		CHEMICAL TEST		RESULTS		DRIVER/PEDESTRIAN CONDITION		TOWED VEHICLE (DESCRIBE)											
VEH		YEAR		COLOR		MAKE		MODEL		STYLE		SIZE		VIN		LICENSE PLATE NO		MO/YR		STATE		NUMBER							
OWNER'S NAME SAME AS DRIVER				LAST				FIRST				MIDDLE				STREET/RFD				CITY</									

TYPE OR PRINT LEGIBLY

Oklahoma

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Sheet of Sheets

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT — SUPPLEMENT —

COMMERCIAL	CONTINUATION	REPORTING AGENCY:	ACCIDENT NO	ADMINISTRATIVE
MONTH	DAY	YEAR	24 HOUR TIME	COUNTY
			OK	COUNTY NUMBER

COMMERCIAL VEHICLE — HAZARDOUS MATERIAL PLACARD

COMMERCIAL INFORMATION	UNIT NUMBER	US DOT CENSUS NUMBER	ICC NUMBER	OCC NUMBER	QUALIFIED DRIVER?	Y	N	TOWED?	Y	N
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CARRIER NAME	SOURCE	VEHICLE	PAPERS	DRIVER
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CARRIER ADDRESS	STREET/RFD	CITY	STATE	ZIP
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DRIVER NAME	LAST	FIRST	MIDDLE
-------------	------	-------	--------

VEHICLE INFORMATION	GVWR/GCWR	TOTAL NO AXLES	HAZ. MAT. PLACARD?	Y	N	MATERIAL IDENTIFICATION NUMBER	HAZARD CLASS	HAZARDOUS MATERIAL SPILL?	Y	N	VEHICLE CONFIGURATION	CARGO BODY TYPE	FEDERALLY REPORTABLE?	Y	N
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COMMERCIAL INFORMATION	UNIT NUMBER	US DOT CENSUS NUMBER	ICC NUMBER	OCC NUMBER	QUALIFIED DRIVER?	Y	N	TOWED?	Y	N
------------------------	-------------	----------------------	------------	------------	-------------------	---	---	--------	---	---

CARRIER NAME	SOURCE	VEHICLE	PAPERS	DRIVER
--------------	--------	---------	--------	--------

CARRIER ADDRESS	STREET/RFD	CITY	STATE	ZIP
-----------------	------------	------	-------	-----

DRIVER NAME	LAST	FIRST	MIDDLE
-------------	------	-------	--------

VEHICLE INFORMATION	GVWR/GCWR	TOTAL NO AXLES	HAZ. MAT. PLACARD?	Y	N	MATERIAL IDENTIFICATION NUMBER	HAZARD CLASS	HAZARDOUS MATERIAL SPILL?	Y	N	VEHICLE CONFIGURATION	CARGO BODY TYPE	FEDERALLY REPORTABLE?	Y	N
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INJURED/WITNESS CONTINUATION

INJURED	WITNESS	PASSENGER	NAME LAST	FIRST	MIDDLE INITIAL	SEX	ADDRESS	PHONE	DOB MO/DAY/YR
---------	---------	-----------	-----------	-------	----------------	-----	---------	-------	---------------

UNIT	INJURY SEVERITY	TYPE OF INJURY	SAFETY EQUIPMENT IN USE	AIR BAG DEPLOYED?	Y	N	EJECTED?	Y	N	PINNED?	Y	N	INJURED TAKEN BY	POS IN VEH
------	-----------------	----------------	-------------------------	-------------------	---	---	----------	---	---	---------	---	---	------------------	------------

INJURED	WITNESS	PASSENGER	NAME LAST	FIRST	MIDDLE INITIAL	SEX	ADDRESS	PHONE	DOB MO/DAY/YR
---------	---------	-----------	-----------	-------	----------------	-----	---------	-------	---------------

UNIT	INJURY SEVERITY	TYPE OF INJURY	SAFETY EQUIPMENT IN USE	AIR BAG DEPLOYED?	Y	N	EJECTED?	Y	N	PINNED?	Y	N	INJURED TAKEN BY	POS IN VEH
------	-----------------	----------------	-------------------------	-------------------	---	---	----------	---	---	---------	---	---	------------------	------------

INJURED	WITNESS	PASSENGER	NAME LAST	FIRST	MIDDLE INITIAL	SEX	ADDRESS	PHONE	DOB MO/DAY/YR
---------	---------	-----------	-----------	-------	----------------	-----	---------	-------	---------------

UNIT	INJURY SEVERITY	TYPE OF INJURY	SAFETY EQUIPMENT IN USE	AIR BAG DEPLOYED?	Y	N	EJECTED?	Y	N	PINNED?	Y	N	INJURED TAKEN BY	POS IN VEH
------	-----------------	----------------	-------------------------	-------------------	---	---	----------	---	---	---------	---	---	------------------	------------

INJURED	WITNESS	PASSENGER	NAME LAST	FIRST	MIDDLE INITIAL	SEX	ADDRESS	PHONE	DOB MO/DAY/YR
---------	---------	-----------	-----------	-------	----------------	-----	---------	-------	---------------

UNIT	INJURY SEVERITY	TYPE OF INJURY	SAFETY EQUIPMENT IN USE	AIR BAG DEPLOYED?	Y	N	EJECTED?	Y	N	PINNED?	Y	N	INJURED TAKEN BY	POS IN VEH
------	-----------------	----------------	-------------------------	-------------------	---	---	----------	---	---	---------	---	---	------------------	------------

INJURED	WITNESS	PASSENGER	NAME LAST	FIRST	MIDDLE INITIAL	SEX	ADDRESS	PHONE	DOB MO/DAY/YR
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UNIT	INJURY SEVERITY	TYPE OF INJURY	SAFETY EQUIPMENT IN USE	AIR BAG DEPLOYED?	Y	N	EJECTED?	Y	N	PINNED?	Y	N	INJURED TAKEN BY	POS IN VEH
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INJURED	WITNESS	PASSENGER	NAME LAST	FIRST	MIDDLE INITIAL	SEX	ADDRESS	PHONE	DOB MO/DAY/YR
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UNIT	INJURY SEVERITY	TYPE OF INJURY	SAFETY EQUIPMENT IN USE	AIR BAG DEPLOYED?	Y	N	EJECTED?	Y	N	PINNED?	Y	N	INJURED TAKEN BY	POS IN VEH
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INJURED	WITNESS	PASSENGER	NAME LAST	FIRST	MIDDLE INITIAL	SEX	ADDRESS	PHONE	DOB MO/DAY/YR
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UNIT	INJURY SEVERITY	TYPE OF INJURY	SAFETY EQUIPMENT IN USE	AIR BAG DEPLOYED?	Y	N	EJECTED?	Y	N	PINNED?	Y	N	INJURED TAKEN BY	POS IN VEH
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INJURED	WITNESS	PASSENGER	NAME LAST	FIRST	MIDDLE INITIAL	SEX	ADDRESS	PHONE	DOB MO/DAY/YR
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UNIT	INJURY SEVERITY	TYPE OF INJURY	SAFETY EQUIPMENT IN USE	AIR BAG DEPLOYED?	Y	N	EJECTED?	Y	N	PINNED?	Y	N	INJURED TAKEN BY	POS IN VEH
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INJURED	WITNESS	PASSENGER	NAME LAST	FIRST	MIDDLE INITIAL	SEX	ADDRESS	PHONE	DOB MO/DAY/YR
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UNIT	INJURY SEVERITY	TYPE OF INJURY	SAFETY EQUIPMENT IN USE	AIR BAG DEPLOYED?	Y	N	EJECTED?	Y	N	PINNED?	Y	N	INJURED TAKEN BY	POS IN VEH
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SIGN (OFFICER'S RANK & NAME)	(BADGE NUMBER)	TROOP OR DIVISION	REVIEWED BY (INITIALS & BADGE)	DATE OF REPORT
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VEHICLE CONFIGURATION	CARGO BODY TYPE	INJURY SEVERITY	TYPE OF INJURY	SAFETY EQUIPMENT IN USE	POSITION IN VEHICLE
-----------------------	-----------------	-----------------	----------------	-------------------------	---------------------

1 BUS	6 TRACTOR/SEMI-TRAILER	1 NO INJURY	1 HEAD	1 NOT IN USE	6 AIR BAG
2 SINGLE TRUCK — 2 AXLES	7 TRACTOR/DOUBLES	2 POSSIBLE INJURY	2 TRUNK—EXTERNAL	2 SEAT BELT	7 SAFETY HELMET
3 SINGLE TRUCK — 3 OR MORE AXLES	8 TRACTOR/TRIPLES	3 NON-INCAPACITATING	3 TRUNK—INTERNAL	3 SHOULDER BELT	
4 TRUCK & TRAILER	9 UNKNOWN — HEAVY TRUCK	4 INCAPACITATING	4 ARM	4 COMBINATION OF 2 & 3	
5 TRUCK TRACTOR — BORTAL		5 FATAL INJURY	5 LEG	5 CHILD RESTRAINT	

DPS: 0192-02

ADDITIONAL REBARS/COLLISION DIAGRAM		INDICATE NORTH BY ARROW	
		DIRECTION OF TRAVEL N S E W	
		UNIT N S E W	
		UNIT N S E W	
DIAGRAM TO SCALE? Y N		SCALE = _____	
<div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <!-- Grid lines are represented by the table border structure --> </div>			
VISIBILITY OBSCURED BY _____			

DPS: 0100-00A

VEHICLE NUMBER		OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT — SUPPLEMENT										SHEET OF SHEETS	
MONTH	DAY	YEAR	24 HOUR TIME	COUNTY	ACCIDENT NUMBER					ADMINISTRATIVE			
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> <p>You Must Number Injured/Witness Block(s) to Coincide with Number You Assign to Position(s) in Vehicle</p> </div> <div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">EXIT</div> <div style="display: grid; grid-template-columns: repeat(10, 1fr); gap: 2px;"> <!-- Row 1 --> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <!-- Row 2 --> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div> </div> </div> </div>													
INJURED/WITNESS CONTINUATION													
INJURED	WITNESS	PASSENGER	NAME LAST	FIRST	MIDDLE INITIAL	SEX	ADDRESS	PHONE	DOB	MO	DA	YY	RR
UNIT	INJURY SEVERITY	TYPE OF INJURY	SAFETY EQUIPMENT IN USE		AIR BAG DEPLOYED	Y	N	EJECTED	Y	N	PINNED	Y	N
										INJURED TAKEN BY	POS IN VEH		
<div style="display: flex; justify-content: space-between;"> <div>OFFICER'S NAME & NAME</div> <div>BADGE NUMBER</div> <div>TROOP OR DIVISION</div> <div>REVIEWED BY (INITIALS & GRADE)</div> <div>DATE OF REPORT</div> </div>													
INJURY SEVERITY 1 NO INJURY 4 INCAPACITATING 2 POSSIBLE INJURY 5 FATAL INJURY 3 NON-INCAPACITATING				TYPE OF INJURY 1 HEAD 4 ARM 2 TRUNK-EXTERNAL 5 LEG 3 TRUNK-INTERNAL				SAFETY EQUIPMENT IN USE 1 NOT IN USE 4 COMBINATION OF 2 & 3 7 SAFETY HELMET 2 SEAT BELT 5 CHILD RESTRAINT 3 SHOULDER BELT 6 AIR BAG					

OPS. 0192-03

[illegible]



POLICE TRAFFIC ACCIDENT REPORT

PAGE _____ OF _____

LOCAL CASE NUMBER	ACCIDENT DATE	ACCIDENT TIME	ROAD ACCIDENT OCCURRED ON		MILEPOST	1ST H E
	DAY OF WEEK	INTERSECTING ROAD		<input type="checkbox"/> WITHIN <input type="checkbox"/> NEAR	<input type="checkbox"/> FEET <input type="checkbox"/> MILES	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W
	TIME POLICE NOTIFIED	TIME POLICE ARRIVED	CITY/TOWN	<input type="checkbox"/> WITHIN <input type="checkbox"/> NEAR	<input type="checkbox"/> FEET <input type="checkbox"/> MILES	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W
	TIME EMS NOTIFIED	TIME EMS ARRIVED	COUNTY	DISTRIBUTION		LIGHT
	<input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> PUBLIC PROP DAMAGE	<input type="checkbox"/> INJURY <input type="checkbox"/> HIT AND RUN	<input type="checkbox"/> FATAL (TTY SENT) <input type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> HAZARDOUS MATERIALS <input type="checkbox"/> TRUCK JACKKNIFED	DMV ID. NO.	CM ZONE

Oregon

UNIT	<input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> PROPERTY	<input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER	ACTION TAKEN		SRF TYPE	
NAME (LAST, FIRST, MIDDLE)				LOCAL ID NO.	SEX	RACE
ADDRESS				ZIP	PHONE	MESSAGE
DRIVER LICENSE NO.				STATE	CLASS	INSURANCE COMPANY
VEHICLE PLATE NO.				STATE	CLASS	COLOR
YEAR				MAKE	MODEL/MOTORCYCLE CC's	STYLE
REGISTERED OWNER NAME AND ADDRESS				VEHICLE DAMAGE		
DRIVER TAKEN TO				VEHICLE TAKEN TO		
PED TYPE				PED ACT	PED VIS	DESIG SP
STATD SP				VEH MOV	TR CONFIG	TRL TYPE
ALC INVL				BAC TEST	LIC VIOL	LOCATION
EQUIPMENT				EJECTION	INJURY	CARE
UNIT				<input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> PROPERTY	<input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER	ACTION TAKEN
NAME (LAST, FIRST, MIDDLE)				LOCAL ID NO.	SEX	RACE
ADDRESS				ZIP	PHONE	MESSAGE
DRIVER LICENSE NO.				STATE	CLASS	INSURANCE COMPANY
VEHICLE PLATE NO.				STATE	CLASS	COLOR
YEAR				MAKE	MODEL/MOTORCYCLE CC's	STYLE
REGISTERED OWNER NAME AND ADDRESS				VEHICLE DAMAGE		
DRIVER TAKEN TO				VEHICLE TAKEN TO		
PED TYPE				PED ACT	PED VIS	DESIG SP
STATD SP				VEH MOV	TR CONFIG	TRL TYPE
ALC INVL				BAC TEST	LIC VIOL	LOCATION
EQUIPMENT				EJECTION	INJURY	CARE

UNIT	PASSENGER NAME	TELEPHONE	LOCAL ID NO.	SEX	RACE	DOB
ADDRESS		TAKEN TO	BY	LOCATION	EQUIPMENT	EJECTION
UNIT		PASSENGER NAME	TELEPHONE	LOCAL ID NO.	SEX	RACE
ADDRESS		TAKEN TO	BY	LOCATION	EQUIPMENT	EJECTION
OFFICER NAME		NUMBER	AGENCY	PREC/DIV	REL/SHIFT	ASSN/DIST
						SUPERVISOR

FORM 735-46 (5-86)

Original size of document — 8½ × 11

LOCAL CASE NO.				LOCAL		CODES								PAGE		OF	
UNIT		DRIVER		PASSENGER		PEDICYCLE		VEHICLE		ROAD		ENVIRNMNT		UNIT		DRIVER	
		26		27		28		29		30		31				26	
UNIT		PASSENGER NAME				TELEPHONE				LOCAL ID NO.				SEX		RACE	
ADDRESS				TAKEN TO				BY				LOCATION		EQUIPMENT		EJECTION	
												21		22		23	
UNIT		PASSENGER NAME		TELEPHONE		LOCAL ID NO.		SEX		RACE		DOB					
ADDRESS				TAKEN TO				BY				LOCATION		EQUIPMENT		EJECTION	
												21		22		23	
WITNESS NAME				TELEPHONE				ADDRESS				DOB					
WITNESS NAME				TELEPHONE				ADDRESS				DOB					

DIAGRAM AND/OR NARRATIVE

USE ARROW TO INDICATE NORTH		UNIT		1		2	
		SKIDMARKS TO IMPACT		(FEET)		_____	
		DISTANCE AFTER IMPACT		(FEET)		_____	



OVERLAY 1

Oregon

1. FIRST HARMFUL EVENT 01. NONCOLLISION 02. OVERTURN 03. FIRE/EXPLOSION 04. IMMERSION 05. GAS INHALATION 06. OTHER NONCOLLISION 07. COLLISION WITH 08. PEDESTRIAN 09. MOTOR VEHICLE IN 10. TRANSPORT 11. HEAD ON 12. REAR END 13. ANGLE 14. SIDESWIPES 15. MANNER NOT KNOWN 16. PARKED MOTOR VEHICLE 17. RAILWAY TRAIN 18. PEDAL (BICYCLIST) 19. FIXED OBJECT 20. HIGHWAY GUARDRAIL 21. IMPACT ABSORBER 22. UTILITY POLE 23. LIGHT STANDARD 24. TREE 25. FIRE HYDRANT 26. PIER OR COLUMN 27. OVERHEAD SIGN POST 28. HIGHWAY SIGN 29. TRAFFIC SIGNAL POST 30. BARRICADE 31. BRIDGE, OVERPASS, OR 32. BRIDGE RAILING 33. CULVERT HEADWALL 34. CURBING 35. RETAINING WALL 36. DIVIDER (CONCRETE OR 37. STEEL) 38. SIDESLOPE, ROCK OR 39. STONE 40. SIDESLOPE, EARTH 41. BUILDING 42. FENCE (NOT MEDIAN) 43. MAILBOX 44. BOULDER/ROCK 45. DITCH 46. OVERHEAD STRUCTURE 47. UNDERPASS, TUNNEL 48. OTHER FIXED OBJECT (EXPLAIN) 49. OTHER (NOT FIXED) OBJECT 50. ANIMAL 51. THROWN/FALLING OBJECT 52. FOREIGN MATTER IN ROADWAY 53. OTHER OBJECT (EXPLAIN) 54. UNKNOWN (EXPLAIN)	2. HARMFUL EVENT LOCATION 01. ON ROADWAY 02. NON-INTERSECTION 03. INTERSECTION 04. INTERSECTION RELATED 05. DRIVEWAY ACCESS 06. INTERCHANGE AREA 07. RAILROAD CROSSING 08. BRIDGE 09. TUNNEL 10. OTHER ON-ROAD AREA 11. OFF ROADWAY 12. SHOULDER 13. TURNOUT 14. ROADSIDE 15. BEYOND RIGHT OF WAY 16. MEDIAN 17. DRIVEWAY 18. PRIVATE DRIVE 19. RAILROAD CROSSING 20. OTHER OFF ROADWAY 21. UNKNOWN	3. WEATHER CONDITION 01. CLEAR 02. CLOUDY (OVERCAST) 03. RAIN 04. SNOW 05. SLEET, HAIL, ETC. 06. FOG, SMOG 07. SMOKE 08. BLOWING SAND, DIRT, ETC. 09. SEVERE CROSSWIND 10. OTHER/UNKNOWN	4. LIGHT CONDITION 01. FULL DAYLIGHT 02. DAWN 03. DUSK 04. DARK - LIGHTED WAY 05. DARK - NOT LIGHTED 06. UNKNOWN	5. CONSTRUCTION/MAINTENANCE ZONE 01. NONE 02. CONSTRUCTION ZONE 03. MAINTENANCE ZONE 04. CONSTRUCTION OR MAINTENANCE	6. SURFACE TYPE 01. CONCRETE 02. BLACKTOP/ASPHALT 03. GRAVEL 04. DIRT 05. OTHER	7. SURFACE CONDITION 01. DRY 02. WET 03. SLIPY 04. ICY 05. BLISPY 06. MUDDY 07. DEBRIS 08. OTHER/UNKNOWN	8. TRAFFIC CONTROL DEVICE TYPE 01. NONE 02. OFFICER OR CROSSING GUARD 03. OR FLAGGER 04. TRAFFIC SIGNAL WITH PEDESTRIAN 05. CONTROL 06. TRAFFIC SIGNAL 07. FLASHING BEACON 08. STOP SIGN 09. YIELD SIGN 10. RR CROSSING GATES 11. RR CROSSING FLASHING 12. SIGNALS 13. RR CROSSING WITH CROSSBUCKS/ 14. PAVEMENT MARKINGS 15. LANE CONTROL/LINES STRIPES/ 16. DEVICES 17. OTHER REGULATORY SIGN 18. UNKNOWN	9. TRAFFIC CONTROL DEVICE CONDITION 01. NO MALFUNCTION 02. KNOCKED DOWN/MISSING 03. TURNED FROM PROPER POSITION 04. OBSCURED BY PARKED VEHICLE 05. OBSCURED BY OTHER SIGNS 06. OBSCURED BY VEGETATION 07. LIGHTS MALFUNCTION 08. LIGHTS STUCK / NO CHANGE 09. GATES NON-OPERATIVE 10. GATE ARM MISSING 11. OTHER RR CONTRIBUTING 12. MALFUNCTION 13. OTHER IMPAIRMENT 14. UNKNOWN	10. ROAD CHARACTER 01. STRAIGHT AND LEVEL 02. STRAIGHT WITH GRADE 03. CURVED AND LEVEL 04. CURVED WITH GRADE	11. ROADWAY FLOW 01. DIVIDED MEDIAN-UNPAVED 02. DIVIDED MEDIAN-PHYSICAL BARRIER 03. DIVIDED MEDIAN-PAVED 04. DIVIDED MEDIAN-CONTINUOUS 05. LEFT TURN 06. NOT PHYSICALLY DIVIDED 07. ONE WAY TRAFFIC
---	---	---	---	---	---	---	--	--	---	---

12. PEDESTRIAN TYPE 01. PEDESTRIAN (PERSON AFOOT) 02. PEDALCYCLIST/BICYCLIST 03. ANIMAL RIDER 04. RIDER OF ANIMAL-DRAWN VEHICLE 05. OTHER (EXPLAIN) 06. UNKNOWN
--

13. PEDESTRIAN ACTION 01. ENTERING/CROSSING ROAD 02. WALK/RIDE WITH TRAFFIC 03. WALK/RIDE AGAINST TRAFFIC 04. APPROACH/LEAVE VEHICLE 05. WORKING ON/PUSHING VEHICLE 06. OTHER WORKING 07. PLAYING 08. STANDING 09. LYING DOWN 10. STEPPING ON OR OFF VEHICLE 11. STEPPING ON OR OFF SCHOOL BUS 12. APPROACHING OR LEAVING SCHOOL BUS 13. OTHER (EXPLAIN) 14. UNKNOWN

14. PEDESTRIAN VISIBILITY 01. CLOTHING NOT CONTRASTED WITH 02. BACKGROUND 03. CLOTHING DID CONTRAST WITH 04. BACKGROUND 05. REFLECTIVE MATERIAL OR OBJECT WORN 06. OR HELD 07. OTHER LIGHT SOURCE 08. UNKNOWN
--

COUNTY CODES
<input type="text"/>
<input type="text"/>
<input type="text"/>

15. TRUCK CONFIGURATION
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

21. PEDESTRIAN LOCATIONS 01. IN ROADWAY NO CROSSWALK/BIKWAY 02. IN AVAILABLE CROSSWALK/BIKWAY 03. NOT IN AVAILABLE CROSSWALK/BIKWAY 04. IN INTERSECTION NO CROSSWALK/BIKWAY 05. IN AVAILABLE CROSSWALK/BIKWAY 06. NOT IN AVAILABLE CROSSWALK/BIKWAY 07. NOT IN ROADWAY NO SPECIAL LOCATION 08. ON A SIDEWALK 09. ON BIKEWAY 10. ON MEDIAN 11. OTHER (EXPLAIN) 12. UNKNOWN
--

17. TRAILER TYPE 01. NONE 02. SEMI-TRAILER 03. POLE TRAILER 04. FULL TRAILER 05. MOBILE HOME 06. UTILITY TRAILER 07. CAMPER/TRAVEL TRAILER 08. BOAT TRAILER 09. FARM EQUIPMENT 10. HORSE TRAILER 11. TOWED AUTO 12. OTHER/UNKNOWN
--

735-47 (1-87)

Original size document - 8-1/2 X 11

OVERLAY 2

15	VEHICLE MOVEMENT
01	STRAIGHT AHEAD
02	TURNING RIGHT
03	TURNING LEFT
04	MAKING U TURN
05	ENTERING TRAFFIC LANE
06	LEAVING TRAFFIC LANE
07	OVERTAKING
08	CHANGING LANES
09	AVOIDING MANEUVER
10	MERGING
11	PARKING
12	BACKING
13	STOPPED IN TRAFFIC
14	STOPPED AWAITING LEFT TURN
15	PARKED
98	OTHER (EXPLAIN)
99	UNKNOWN

19	BLOOD ALCOHOL CONCENTRATION (BAC)
RESULTS AND DATA	
00	RESULTS OF TEST (USE THE 2 NUMERALS FOLLOWING THE DECIMAL POINT)
01	NO TEST GIVEN
02	TESTED FOR DRUGS (NOT ALCOHOL)
03	TEST REFUSED
04	TEST GIVEN BUT SAMPLE WAS UNUSABLE
05	TEST GIVEN BUT RESULTS NOT YET AVAILABLE


22	SAFETY EQUIPMENT USED
00	NONE INSTALLED
01	NO SAFETY EQUIPMENT USED
02	LAP BELT ONLY USED
03	SHOULDER HARNESS ONLY USED
04	LAP/SHOULDER BELT USED
11	HELMET ONLY
12	EYE PROTECTION ONLY USED
13	MOTORCYCLE HELMET AND EYE PROTECTION USED
21	CHILD/YOUTH RESTRAINT USED PROPERLY
22	CHILD/YOUTH RESTRAINT USED IMPROPERLY
31	AIR BAG INSTALLED — DEPLOYED
32	AIR BAG INSTALLED — NOT DEPLOYED
99	UNKNOWN

20	DRIVER LICENSE VIOLATION
00	NO VIOLATION OF LICENSE TYPE OR RESTRICTIONS
01	INSTRUCTION PERMIT VIOLATION
02	VIOLATED RESTRICTION STATED ON LICENSE
03	EXPIRED LICENSE
04	LICENSE FOR OTHER TYPE OF VEHICLE
05	LICENSE SUSPENDED/REVOKED
06	UNLICENSED

23	EJECTION
00	NOT EJECTED AND NOT TRAPPED
01	TOTAL EJECTION
02	PARTIAL EJECTION
03	EJECTED (NO DETAIL)
04	EXTRICATION EQUIPMENT USED
99	UNKNOWN

18	ALCOHOL INVOLVEMENT (FOR STATISTICAL USE ONLY)
01	<input checked="" type="checkbox"/> PRELIMINARY BREATH TEST
02	<input checked="" type="checkbox"/> OTHER EVIDENTIARY TEST
03	<input checked="" type="checkbox"/> PHYSICAL COORDINATION TEST
04	<input checked="" type="checkbox"/> EYE MOVEMENT TEST
05	<input checked="" type="checkbox"/> STATEMENTS
06	<input checked="" type="checkbox"/> OTHER (EXPLAIN)
07	<input checked="" type="checkbox"/> PRELIMINARY BREATH TEST
08	<input checked="" type="checkbox"/> OTHER EVIDENTIARY TEST
09	<input checked="" type="checkbox"/> PHYSICAL COORDINATION TEST
10	<input checked="" type="checkbox"/> EYE MOVEMENT TEST
11	<input checked="" type="checkbox"/> OTHER (EXPLAIN)
99	UNKNOWN IF ALCOHOL INVOLVED

21	SEAT (OR LOCATION)
01	DRIVER (OR MOTORCYCLE OPERATOR)
02	CENTER FRONT
03	RIGHT FRONT
04	LEFT REAR (OR MOTORCYCLE PASSENGER)
05	CENTER REAR
06	RIGHT REAR
07	OTHER SEAT POSITION IN VEHICLE (OR 2ND MOTORCYCLE PASSENGER)
08	ANY POSITION ON OR OUTSIDE OF VEHICLE INCLUDING IN TRUCK BED
09	UNKNOWN LOCATION IN OR ON VEHICLE (REPLACE LEADING ZERO WITH "1" IF PASSENGER IS IN SAME SEAT OR ON LAP OF ANOTHER: e.g. 11 = CHILD OR OTHER PERSON ON DRIVER'S LAP)



24	INJURY CLASS
00	NO INJURY
01	POSSIBLE INJURY
02	NON-INCAPACITATING INJURY
03	INCAPACITATING INJURY
04	FATAL

25	ACCIDENT SITE CARE
00	NONE GIVEN
01	BYSTANDER/WITNESS
02	OTHER ACCIDENT VICTIM
03	POLICE OFFICER
04	EMERGENCY PERSONNEL
05	TRAINED NURSE
06	DOCTOR

CONTRIBUTING CIRCUMSTANCES
(MARK ALL THAT APPLY)

26	DRIVER
00	NONE
01	UNDER THE INFLUENCE OF DRUGS
02	UNDER THE INFLUENCE OF ALCOHOL
03	FAILED TO YIELD RIGHT OF WAY
04	DISREGARDED TRAFFIC CONTROL DEVICES
05	TOO FAST FOR CONDITIONS
06	MADE IMPROPER TURN
07	WRONG SIDE OR WRONG WAY
08	FOLLOWED TOO CLOSELY
09	IMPROPER LANE CHANGE
10	IMPROPER BACKING OPERATION
11	IMPROPER PASSING
12	IMPROPER SIGNAL
13	IMPROPER PARKING
14	FELL ASLEEP, FAINTED, ETC
15	DID NOT COMPLY WITH LICENSE RESTRICTIONS
99	OTHER

28	PEDESTRIAN/PEDALCYCLIST
00	NONE
01	UNDER THE INFLUENCE OF DRUGS
02	UNDER THE INFLUENCE OF ALCOHOL
03	FAILED TO YIELD RIGHT OF WAY
04	DISREGARDED TRAFFIC CONTROL
05	ILLEGALLY IN ROADWAY
06	BICYCLE VIOLATION
07	CLOTHING NOT VISIBLE
99	OTHER

30	ROAD
00	NONE
01	WET
02	ICY
03	SLUSHY
04	DEBRIS
05	RUTS HOLES BUMPS
06	WORK TRAVEL POLISHED SURFACE
07	ROAD UNDER CONSTRUCTION OR MAINTENANCE
08	OBSTRUCTION
09	TRAFFIC CONTROL DEVICE INOPERATIVE
10	SHOULDERS LOW SOFT OR HIGH
99	OTHER

27	PASSENGER
00	NONE
01	UNDER THE INFLUENCE OF DRUGS
02	UNDER THE INFLUENCE OF ALCOHOL
03	INTERFERED WITH DRIVER
99	OTHER (EXPLAIN)

29	VEHICLE
00	NONE
01	BRAKES
02	STEERING
03	POWER PLANT
04	SUSPENSION
05	TIRES
06	EXHAUST
07	LIGHTS
08	SIGNALS
09	WINDOWS/WINDSHIELD
10	RESTRAINT SYSTEMS
11	WHEELS
12	TRUCK COUPLING
13	CARGO
99	OTHER

31	ENVIRONMENT/VISIBILITY
00	NONE
01	SMOG SMOKE
02	SLEET HAIL
03	BLOWING SAND SOIL DIRT
04	SEVERE CROSSWINDS
05	RAIN SNOW
06	SIGN OBSTRUCTED VIEW
07	VEGETATION OBSTRUCTED VIEW
08	SNOW BANK OBSTRUCTED VIEW
09	HILL OBSTRUCTED VIEW
10	BUILDING OBSTRUCTED VIEW
11	CURVE IN ROAD OBSTRUCTED VIEW
99	OTHER

POLICE TRUCK/BUS ACCIDENT REPORT

Do not complete this form unless: One or more qualifying vehicles was involved.

DMV ID NO.

PAGE OF

LOCAL CASE NUMBER	ACCIDENT DATE	ACCIDENT TIME	ROAD ON WHICH ACCIDENT OCCURRED		MILE POST	MEL 2
	DAY OF WEEK	INTERSECTING ROAD		<input type="checkbox"/> WITHIN <input type="checkbox"/> FEET <input type="checkbox"/> NORTH <input type="checkbox"/> EAST	WEATHER 3	
	TIME POLICE NOTIFIED	TIME POLICE ARRIVED	CITY/TOWN	<input type="checkbox"/> NEAR <input type="checkbox"/> MILES <input type="checkbox"/> SOUTH <input type="checkbox"/> WEST	LIGHT 4	
	TIME EMS NOTIFIED	TIME EMS ARRIVED	COUNTY	<input type="checkbox"/> WITHIN <input type="checkbox"/> FEET <input type="checkbox"/> NORTH <input type="checkbox"/> EAST <input type="checkbox"/> NEAR <input type="checkbox"/> MILES <input type="checkbox"/> SOUTH <input type="checkbox"/> WEST	DISTRIBUTION	
<input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> HIT AND RUN <input type="checkbox"/> INJURY <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> FATAL (TTY SENT)						

A VEHICLE INFORMATION A		A CARRIER INFORMATION A		C/M ZONE 5
VEHICLE IDENTIFICATION NUMBER (VIN)		NAME		SOURCE 33
PUC / VEHICLE PLATE NUMBER	STATE PLATE NUMBER	ADDRESS (STREET OR PO BOX NUMBER)		SRF TYPE 6
GROSS VEHICLE WEIGHT RATING		CITY		SRF COND 7
Truck, Tractor or Bus		STATE		TCD TYPE 8
Trailer or Trailers Total		ZIP CODE		TCD COND 9
Total number of Axles (Including Trailers)		IDENTIFICATION NUMBERS None = 0		RD CHAR 10
VEHICLE CONFIGURATION <input type="checkbox"/> 16	CARGO BODY TYPE <input type="checkbox"/> 17	US DOT	ICC MC	RD FLOW 11

HAZARDOUS MATERIAL INVOLVEMENT		A DRIVER INFORMATION A	
Did vehicle have a HAZARDOUS MATERIAL placard? 1. Yes 2. No		NAME (LAST - FIRST - MIDDLE)	
If "Yes," enter name or 4 digit number from placard diamond or box (CODE # 32).		DRIVER LICENSE NUMBER	
Enter 1 Digit Number from bottom of diamond		CLASS	
Was hazardous material released from this vehicle? 1. Yes 2. No		STATE OF ISSUE	

(CODE #1) SEQUENCE OF EVENTS FOR THIS VEHICLE				DATE OF BIRTH	MONTH	DAY	YEAR
Event #1	Event #2	Event #3	Event #4	APPARENT DRIVER CONDITION 26			
				DRIVER TAKEN TO BY			
VEHICLE TAKEN TO BY				POLICY NUMBER			
INSURANCE COMPANY NAME				ACTION TAKEN			

PED TYPE 12	PED ACT 13	PED VIS 14	DESIG SPEED	STATED SPEED	VEH MOV 15	ALC INVL 18	BAC TEST 19	LIC VIOL 20	LOCATION 21	EQUIP 22	EJECTION 23	INJURY 24	CARE 25
-------------	------------	------------	-------------	--------------	------------	-------------	-------------	-------------	-------------	----------	-------------	-----------	---------

VEHICLE DAMAGE

U	T	S	R	Q	P	O	N	M	L
A	B	C	D	E	G	H	I	J	K

SKIDMARKS TO IMPACT FEET

DISTANCE AFTER IMPACT FEET

UNIT	PASSENGER NAME	TELEPHONE	LOCAL ID NO.	SEX	RACE	DATE OF BIRTH
ADDRESS	TAKEN TO	BY	LOCATION	EQUIPMENT	EJECTION	INJURY
UNIT	PASSENGER NAME	TELEPHONE	LOCAL ID NO.	SEX	RACE	DATE OF BIRTH
ADDRESS	TAKEN TO	BY	LOCATION	EQUIPMENT	EJECTION	INJURY
OFFICER NAME	NUMBER	AGENCY	PREC/DIV	REL/SHFT	ASSN/DIST	SUPERVISOR

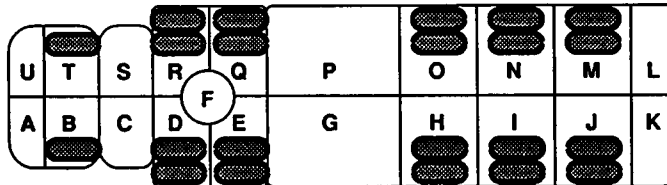
735-0047(9-94)

STK # 300570

Oregon

LOCAL CASE NUMBER		LOCAL	CODES										PAGE	OF		
		A	B	C	D	E	F	G	H	I	J					
B VEHICLE INFORMATION B												B CARRIER INFORMATION B			HEL 2	
VEHICLE IDENTIFICATION NUMBER (VIN) _____												NAME _____			SOURCE 33	SRF TYPE 6
PUC / VEHICLE PLATE NUMBER _____												ADDRESS (STREET OR PO BOX NUMBER) _____				SRF COND 7
STATE _____ PLATE NUMBER _____												CITY _____				TCD TYPE 8
GROSS VEHICLE WEIGHT RATING _____												STATE _____ ZIP CODE _____				TCD COND 9
Truck, Tractor or Bus _____												IDENTIFICATION NUMBERS None = 0 ⇒ _____				RDCHAR 10
Trailer or Trailers Total _____												US DOT _____ ICC MC _____				RD FLOW 11
Total number of Axles (Including Trailers) _____												STATE _____ STATE NUMBER _____				NO. LANES
VEHICLE CONFIGURATION <input type="checkbox"/> 16 CARGO BODY TYPE <input type="checkbox"/> 17												B DRIVER INFORMATION B				FIRE
HAZARDOUS MATERIAL INVOLVEMENT												NAME (LAST - FIRST - MIDDLE) _____				□ Y □ N
Did vehicle have a HAZARDOUS MATERIAL placard? 1. Yes 2. No <input type="checkbox"/>												DRIVER LICENSE NUMBER _____ CLASS _____ STATE OF ISSUE _____				CARE 25
If "Yes," enter name or 4 digit number from placard diamond or box (CODE # 32). _____												DATE OF BIRTH _____				
Enter 1 Digit Number from bottom of diamond _____												MONTH ⇒ _____ DAY ⇒ _____ YEAR ⇒ _____				
Was hazardous material released from this vehicle? 1. Yes 2. No <input type="checkbox"/>												APPARENT DRIVER CONDITION <input type="checkbox"/> 26				
(CODE #1) SEQUENCE OF EVENTS FOR THIS VEHICLE																
Event #1		Event #2		Event #3		Event #4										
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>										
VEHICLE TAKEN TO _____ BY _____												DRIVER TAKEN TO _____ BY _____				
INSURANCE COMPANY NAME _____												POLICY NUMBER _____ ACTION TAKEN _____				
PED TYPE 12	PED ACT 13	PED VIS 14	DESIG SPEED	STATED SPEED	VEH MOV 15	ALC INVL 18	BAC TEST 19	LIC VIOL 20	LOCATION 21	EQUIP 22	EJECTION 23	INJURY 24				

VEHICLE DAMAGE



PLEASE ATTACH NARRATIVE AND/OR DIAGRAM
Note: Diagram Paper Furnished - Go to Back of Form Pack.

SKIDMARKS TO IMPACT _____ FEET										DISTANCE AFTER IMPACT _____ FEET									
UNIT	DRIVER	PASSENGER	PED/CYCLE	VEHICLE	ROAD	ENVIRNMT	UNIT	DRIVER	PASSENGER	PED/CYCLE	VEHICLE	ROAD	ENVIRNMT						
	26	27	28	29	30	31		26	27	28	29	30	31						
UNIT	PASSENGER NAME					TELEPHONE	LOCAL ID NO.	SEX	RACE	DATE OF BIRTH									
ADDRESS						TAKEN TO	BY	LOCATION	EQUIPMENT	EJECTION	INJURY	CARE							
								21	22	23	24	25							
UNIT	PASSENGER NAME					TELEPHONE	LOCAL ID NO.	SEX	RACE	DATE OF BIRTH									
ADDRESS						TAKEN TO	BY	LOCATION	EQUIPMENT	EJECTION	INJURY	CARE							
								21	22	23	24	25							
WITNESS NAME						TELEPHONE	ADDRESS				DATE OF BIRTH								
WITNESS NAME						TELEPHONE	ADDRESS				DATE OF BIRTH								



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1805 LANA AVE., NE SALEM OR 97314

POLICE TRAFFIC ACCIDENT REPORT CODING KEY

COUNTY CODES				
1 FIRST HARMFUL EVENT		2 HARMFUL EVENT LOCATION	7 SURFACE CONDITION	12 PEDESTRIAN TYPE
NON COLLISION		ON ROADWAY		
01 Overturn	11 Non Intersection	01 Dry	01 Pedestrian (Person Afoot)	
02 Fire/Explosion	12 Intersection	02 Wet	02 Pedacyclist/Bicyclist	
03 Immersion	13 Intersection Related	03 Snowy	03 Animal Rider	
04 Gas Inhalation	14 Driveway Access	04 Icy	04 Rider of Animal-Drawn VEH	
05 Other non Collision	15 Interchange Area	05 Slushy	08 Other (Explain)	
06 Ran Off Road	16 Railroad Crossing	06 Muddy	09 Unknown	
07 Jackknife	17 Bridge	07 Debris		
08 Down Hill Runaway	18 Tunnel	09 Other/Unknown	13 PEDESTRIAN ACTION	
09 Cargo Loss or Shift	19 Other Onroad Areas		01 Entering/Crossing Road	
09A Separation of Units		8 TRAFFIC CTL DEVICE TYPE	02 Walk/Ride With Traffic	
COLLISION WITH:		00 None	03 Walk/Ride Against Traffic	
10 Pedestrian	21 Shoulder	01 Officer or Crossing Grd or Flagger	04 Approach/Leave Vehicle	
MOTOR VEHICLE IN TRANSPORT		02 Traffic Signal with PED Control	05 Working on/Pushing Vehicle	
21 Head On	22 Turnout	03 Traffic Signal	06 Other Working	
22 Rear End	23 Roadside	04 Flashing Beacon	07 Playing	
23 Angle	24 Beyond Right of Way	05 Stop Sign	08 Standing	
24 Sideswipe	30 Median	06 Yield Sign	09 Lying Down	
29 Manner Not Known	40 Driveway	07 RR Crossing Gates	10 Stepping On Or Off Vehicle	
30 Parked Motor Vehicle	50 Private Drive	08 RR Crossing Flashing Sigs	11 Stepping on/off School Bus	
40 Railway Train	60 Railroad Crossing	09 RR Crossing w/Crossbucks	12 Approach/Leave School Bus	
50 Pedalist (Bicyclist)	90 Other Off Road	Pavement Markings	86 Other (Explain)	
FIXED OBJECT		10 Lane Control	99 Unknown	
61 Highway Guardrail	3 WEATHER CONDITION	Lines - Stripes - Devices	14 PEDESTRIAN VISIBILITY	
62 Impact Absorber	01 Clear	11 Other Regulatory Sign	00 Clothing Not Contrasted	
63 Utility Pole	02 Cloudy (Overcast)	99 Unknown	With Background	
64 Light Standard	03 Rain	9 TRAFFIC CTL DEVICE COND.	01 Clothing Contrasted With	
65 Tree	04 Snow	00 No Malfunction	Background	
66 Fire Hydrant	05 Sleet, Hail, etc.	01 Knocked Down/Missing	02 Reflective Material or Object	
67 Pier or Column	06 Fog, Smog	02 Turned From Proper Posit.	Worn or Held	
68 Overhead Sign Post	07 Smoke	03 Obscured By Parked Veh.	03 Other Light Source	
70 Highway Sign	08 Blowing Sand, Dirt, etc.	04 Obscured By Other Signs	99 Unknown	
71 Traffic Signal Post	09 Severe Crosswind	05 Obscured By Vegetation		
72 Barricade	10 Other/Unknown	06 Lights Malfunctioned	15 VEHICLE MOVEMENT	
73 Bridge Overpass or Railing	4 LIGHT CONDITION	07 Lights Stuck/ No Change	01 Straight Ahead	
74 Culvert Headwall	01 Full Daylight	08 Gates Inoperative	02 Turning Right	
75 Curbing	02 Dawn	09 Gate Arm Missing	03 Turning Left	
76 Retaining Wall	03 Dusk	10 Other RR Contributing	04 Making U-Turn	
77 Divider (Concrete or Steel)	04 Dark - Lighted Way	Malfunction	05 Entering Traffic Lane	
78 Sideslope Rock or Stone	05 Dark - Not Lighted	11 Other Impairment	06 Leaving Traffic Lane	
80 Sideslope Earth	09 Unknown	99 Unknown	07 Overtaking	
81 Building	5 CONSTRUCTION MAINT ZONE	10 ROAD CHARACTER	08 Changing Lanes	
82 Fence (Not Median)	00 None	01 Straight And Level	09 Avoiding Maneuver	
83 Mailbox	01 Construction Zone	02 Straight With Grade	10 Merging	
84 Boulder/Rock	02 Maintenance Zone	03 Curved And Level	11 Parking	
85 Ditch	03 Construction or Maintenance	04 Curved With Grade		
86 Overhead Structure	6 SURFACE TYPE	11 ROADWAY FLOW		
87 Underpass Tunnel	01 Concrete	01 Divided Median - Unpaved		
89 Other Fixed Object (Explain)	02 Blacktop/Asphalt	02 Divided Median - Physical Barrier		
91 Animal	03 Gravel	03 Divided Median - Paved		
92 Thrown/Falling Object	04 Dirt	04 Divided Median - Continuous		
96 Other Object (Explain)	05 Other	Left Turn		
99 Unknown (Explain)		05 Not Physically Divided		
		06 One Way Traffic		

735-0043 (9-93)

STK # 300569

Oregon

16 TRUCK CONFIGURATION	21 SEAT OR LOCATION	25 ACCIDENT SITE CARE	30 ROAD
00 Any 4-axle Vehicle	01 Driver (or Motorcycle Operator)	00 None Given	00 None
01 Truck (2 or 3 axle)	02 Center Front	01 Bystander/Witness	01 Wet
02 Truck/Tractor - Semi Trailer	03 Right Front	02 Other Accident Victim	02 Icy
03 Truck and Trailer	04 Left Rear or MC Passenger	03 Police Officer	03 Slushy
04 Double Trailers	05 Center Rear	04 EMT/Ambulance Personnel	04 Debris
05 Triple Trailers	06 Right Rear	05 Trained Nurse	05 Ruts - Holes - Bumps
06 Pick-up	07 Other Vehicle Seat Position or 2nd MC Passenger	06 Doctor	06 Worn Travel-polished Surface
07 Dromedary and Semi Trailer			07 Rd. Under Construction or Maint.
08 Heavy Haul Configuration	08 Any Position on or Outside vehicle, Including Truck Bed		08 Obstruction
09 Other	09 Unknown Location in or on Vehicle		09 Traffic Control Device Inoperative
10 Log Bunk	50 Truck Sleeper		10 Shoulders Low, Soft or High
11 Bus	51 Bus Passenger		99 Other
17 TRAILER TYPE	Replace leading zero with "1" if Passenger is in Same Seat or on Lap of Another: e.g. 11 - Child or Other Person on Driver's Lap	26 DRIVER	31 ENVIRONMENT/VISIBILITY
00 None		00 Normal	00 None
01 Semi Trailer		01 Under the Influence of Drugs	01 Smog - Smoke
02 Pole Trailer		02 Under the Influence of Alcohol	02 Steel - Hail
03 Full Trailer		03 Failed to Yield Right-of-way	03 Blowing Sand, Soil, Dirt
04 Mobile Home		04 Disregarded TFC Control Devices	04 Severe Crosswinds
05 Utility Trailer		05 Too Fast for Conditions	05 Rain Snow
06 Camper/Travel Trailer		06 Made Improper Turn	06 Sign Obstructed View
07 Boat Trailer		07 Wrong Side or Wrong Way	07 Vegetation Obstructed View
08 Farm Equipment		08 Followed Too Closely	08 Snow Bank Obstructed View
09 Horse Trailer		09 Improper Lane Change	09 Hill Obstructed View
10 Towed Auto		10 Improper Backing Operation	10 Building Obstructed View
11 HAZMAT Cargo Tank		11 Improper Passing	11 Curve in Road Obstructed View
12 Saddle Mount		12 Improper Signal	99 Other
99 Other/Unknown		13 Improper Parking	
18 ALCOHOL INVOLVEMENT	21 PEDESTRIAN LOCATIONS	14 Fell Asleep/Fainted, etc.	
01 YES - Preliminary Breath Test	20 In Roadway no Xwalk/Bikeway	15 Did Not Comply Lic. Restrictions	
02 YES - Other Evidentiary Test	21 In Available Xwalk/Bikeway	16 Under Influence of Medication	
03 YES - Physical Coordination Test	22 Not in Available Xwalk/Bikeway	17 Fatigued	
04 YES - Eye Movement Test	30 In Intersection-No Xwalk/Bikeway	18 Ill	
05 YES - Statements	31 In Available Xwalk/Bikeway	19 Improper Class of License	
06 YES - Other (Explain)	32 Not in Available Xwalk/Bikeway	99 Other - Unknown	
07 NO - Preliminary Breath Test	40 Not in Rdway No Special Location		
08 NO - Other Evidentiary Test	41 On a Sidewalk		
09 NO - Physical Coordination Test	42 On Bikeway		
10 NO - Eye Movement Test	43 On Median		
11 NO - Other (Explain)	88 Other (Explain)		
99 Unknown if Alcohol Involved	99 Unknown		
19 BLOOD ALCOHOL CONCENTRATION (BAC) RESULTS AND DATA	22 SAFETY EQUIPMENT USE	27 PASSENGER	32 HAZARDOUS MATERIALS
NN Results of Test (Use the two numerals following the decimal)	00 None Installed	00 None	01 Explosives Class A
90 No Test Given	01 No Safety Equipment Used	01 Under the Influence of Drugs	02 Explosives Class B
91 Tested for Drugs (Not Alcohol)	02 Lap Belt Only Used	02 Under the Influence of Alcohol	03 Blasting Agent
92 Test Refused	03 Shoulder Harness Only Used	03 Interfered with Driver	04 Poison Gas
96 Tested but Sample was unusable	04 Lap/Shoulder Belt Used	99 Other (explain)	05 Flammable Gas
97 Tested but Results not yet available	11 Helmet Only		06 Non-Flammable Gas
	12 Eye Protection Only Used		07 Chlorine
	13 MC Helmet & Eye Protection Used		08 Oxygen
	21 Child/Youth Restr Used Properly		09 Flammable
	22 Child/Youth Restr Used Improperly		10 Combustible
	31 Air Bag Installed - Deployed		11 Flammable Solid
	32 Air Bag Installed - Not Deployed		12 Flammable Solid/W
	99 Unknown		13 Oxidizer
			14 Organic Peroxide
			15 Poison
			16 Radioactive
			17 Corrosive
			18 Dangerous
20 DRIVER LICENSE VIOLATION	23 EJECTION	28 PEDESTRIAN PEDALCYCLIST	33 SOURCE
00 No Violation of License Type or Restrictions	00 Not Ejected and Not Trapped	00 None	01 Shipping Papers
01 Instruction Permit Violation	01 Total Ejection	01 Under the Influence of Drugs	02 Vehicle Side
02 Violated restriction on License	02 Partial Ejection	02 Under the Influence of Alcohol	03 Driver
03 Expired License	03 Ejected (No Details)	03 Failed to Yield Right-of-way	04 PUC Cab Card/Registration
04 License for other Type of Vehicle	04 Extrication Equipment Used	04 Disregarded Traffic Control	05 Trailer Side
05 License Suspended/Revoked	09 Unknown	05 Illegally in Roadway	06 Other
06 Unlicensed		06 Bicycle Violation	
		07 Clothing Not Visible	
		99 Other	
	24 INJURY CLASS		
	00 No Injury		
	01 Possible Injury		
	02 Non-incapacitating Injury		
	03 Incapacitating Injury		
	04 Fatal		
		29 VEHICLE	
		00 None	
		01 Brakes	
		02 Steering	
		03 Power Plant	
		04 Suspension	
		05 Tires	
		06 Exhaust	
		07 Lights	
		08 Signals	
		09 Windows/Windshield	
		10 Restraint Systems	
		11 Wheels	
		12 Truck Coupling	
		13 Cargo	
		99 Other	



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1805 LANA AVE., NE SALEM OR 97314



COMMONWEALTH OF PENNSYLVANIA
POLICE ACCIDENT REPORT

(XX) REFER TO OVERLAY SHEETS

REPORTABLE ☐ NON - REPORTABLE ☐

PENNDOT USE ONLY

POLICE INFORMATION				ACCIDENT LOCATION			
1. INCIDENT NUMBER				20. COUNTY CODE			
2. AGENCY NAME				21. MUNICIPALITY CODE			
3. STATION/ PRECINCT		4. PATROL ZONE		PRINCIPAL ROADWAY INFORMATION			
5. INVESTIGATOR BADGE NUMBER				22. ROUTE NO. OR STREET NAME			
6. APPROVED BY BADGE NUMBER				23. SPEED LIMIT		(24) TYPE HIGHWAY	(25) ACCESS CONTROL
7. INVESTIGATION DATE		8. ARRIVAL TIME		INTERSECTING ROAD:			
ACCIDENT INFORMATION				26. ROUTE NO. OR STREET NAME			
9. ACCIDENT DATE		10. DAY OF WEEK		27. SPEED LIMIT		(28) TYPE HIGHWAY	(29) ACCESS CONTROL
11. TIME OF DAY		12. NUMBER OF UNITS		IF NOT AT INTERSECTION:			
13. # KILLED		14. # INJURED		15. PRIV. PROP. ACCIDENT Y <input type="checkbox"/> N <input type="checkbox"/>		30. CROSS STREET OR SEGMENT MARKER	
16. DID VEHICLE HAVE TO BE REMOVED FROM THE SCENE? UNIT 1 Y <input type="checkbox"/> N <input type="checkbox"/> UNIT 2 Y <input type="checkbox"/> N <input type="checkbox"/>		17. VEHICLE DAMAGE 0 - NONE UNIT 1 <input type="checkbox"/> 1 - LIGHT 2 - MODERATE 3 - SEVERE UNIT 2 <input type="checkbox"/>		31. DIRECTION FROM SITE N S E W		32. DISTANCE FROM SITE FT. MI.	
18. HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input type="checkbox"/>		19. PENNDOT PROPERTY Y <input type="checkbox"/> N <input type="checkbox"/>		33. DISTANCE WAS MEASURED <input type="checkbox"/> ESTIMATED <input type="checkbox"/>		(34) CONSTRUCTION ZONE <input type="checkbox"/>	
UNIT # 1				UNIT # 2			
36. LEGALLY Y N <input type="checkbox"/> PARKED? <input type="checkbox"/>		37. REG. PLATE		38. STATE		36. LEGALLY Y N <input type="checkbox"/> PARKED? <input type="checkbox"/>	
39. PA TITLE OR OUT-OF-STATE VIN				39. PA TITLE OR OUT-OF-STATE VIN			
40. OWNER				40. OWNER			
41. OWNER ADDRESS				41. OWNER ADDRESS			
42. CITY, STATE & ZIPCODE				42. CITY, STATE & ZIPCODE			
43. YEAR		44. MAKE		43. YEAR		44. MAKE	
45. MODEL - (NOT BODY TYPE)		46. INS. Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>		45. MODEL - (NOT BODY TYPE)		46. INS. Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>	
(47) BODY TYPE	(48) SPECIAL USAGE	(49) VEHICLE OWNERSHIP	(47) BODY TYPE	(48) SPECIAL USAGE	(49) VEHICLE OWNERSHIP	(47) BODY TYPE	(48) SPECIAL USAGE
(50) INITIAL IMPACT POINT	(51) VEHICLE STATUS	(52) TRAVEL SPEED	(50) INITIAL IMPACT POINT	(51) VEHICLE STATUS	(52) TRAVEL SPEED	(50) INITIAL IMPACT POINT	(51) VEHICLE STATUS
(53) VEHICLE GRADIENT	(54) DRIVER PRESENCE <input type="checkbox"/>	(55) DRIVER CONDITION	(53) VEHICLE GRADIENT	(54) DRIVER PRESENCE <input type="checkbox"/>	(55) DRIVER CONDITION	(53) VEHICLE GRADIENT	(54) DRIVER PRESENCE <input type="checkbox"/>
56. DRIVER NUMBER		57. STATE		56. DRIVER NUMBER		57. STATE	
58. DRIVER NAME				58. DRIVER NAME			
59. DRIVER ADDRESS				59. DRIVER ADDRESS			
60. CITY, STATE & ZIPCODE				60. CITY, STATE & ZIPCODE			
61. SEX		62. DATE OF BIRTH		61. SEX		62. DATE OF BIRTH	
63. PHONE		63. PHONE		61. SEX		62. DATE OF BIRTH	
64. COMM. VEH. Y <input type="checkbox"/> N <input type="checkbox"/>		65. DRIVER CLASS		64. COMM. VEH. Y <input type="checkbox"/> N <input type="checkbox"/>		65. DRIVER CLASS	
66. DRIVER SS #		66. DRIVER SS #		64. COMM. VEH. Y <input type="checkbox"/> N <input type="checkbox"/>		65. DRIVER CLASS	
67. CARRIER				67. CARRIER			
68. CARRIER ADDRESS				68. CARRIER ADDRESS			
69. CITY, STATE & ZIPCODE				69. CITY, STATE & ZIPCODE			
70. USDOT #		ICC #		70. USDOT #		ICC #	
PUC #		PUC #		70. USDOT #		ICC #	
(72) VEH. CONFIG.	(73) CARGO BODY TYPE	74. GVWR		(72) VEH. CONFIG.	(73) CARGO BODY TYPE	74. GVWR	
75. NO. OF AXLES		(76) HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>		75. NO. OF AXLES		(76) HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>	
77. RELEASE OF HAZ MAT		77. RELEASE OF HAZ MAT		75. NO. OF AXLES		(76) HAZARDOUS MATERIALS Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>	

AA-45 (1/92)

1902314

PAGE: _____

CENTER FOR HIGHWAY SAFETY

Pennsylvania



PENNDOT USE ONLY

CENTER FOR HIGHWAY SAFETY

Pennsylvania

**COMMONWEALTH OF PENNSYLVANIA
POLICE ACCIDENT SUPPLEMENTAL**

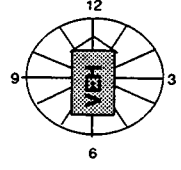
(XX) REFER TO OVERLAY SHEETS

REPORTABLE ☒ NON-REPORTABLE ☐

PENNDOT USE ONLY

[illegible]

POLICE ACCIDENT REPORT - Overlay Sheet - 1

ACCIDENT LOCATION FIELDS	
24. & 28. TYPE HIGHWAY 0 - NOT PHYSICALLY DIVIDED 1 - DIVIDED HIGHWAY - MEDIAN STRIP WITHOUT TRAFFIC BARRIER 2 - DIVIDED HIGHWAY - MEDIAN STRIP WITH TRAFFIC BARRIER N - ONE WAY TRAFFIC NORTH S - ONE WAY TRAFFIC SOUTH E - ONE WAY TRAFFIC EAST W - ONE WAY TRAFFIC WEST	
25. & 29. ACCESS CONTROL 1 - NO CONTROLS (UNLIMITED ACCESS) 2 - FULL CONTROL (ONLY RAMP ENTRY AND EXIT) 8 - OTHER 9 - UNKNOWN	
34. CONSTRUCTION ZONE 0 - NOT APPLICABLE 1 - CONSTRUCTION ZONE 2 - MAINTENANCE ZONE 3 - UTILITY COMPANY WORK 9 - UNKNOWN	
35. TRAFFIC CONTROL DEVICE 0 - NO CONTROLS 1 - FLASHING SIGNALS 2 - TRAFFIC SIGNAL 3 - STOP SIGN 4 - YIELD SIGN 5 - RR CROSSING 6 - POLICE OFFICER OR FLAGMAN 7 - FLASHING SCHOOL ZONE 8 - OTHER 9 - UNKNOWN	
UNIT INFORMATION FIELDS	
47. BODY TYPE AUTOMOBILES 01 - CONVERTIBLE 02 - 2 DOOR 03 - 3 DOOR (HATCH BACK, 2 DR) 04 - 4 DOOR 05 - 5 DOOR (HATCH BACK, 4 DR) 06 - STATION WAGON 07 - HATCH BACK NUMBER DOORS UNKNOWN	
47. BODY TYPE (CONTINUED) AUTOMOBILES CONTINUED 08 - OTHER AUTOMOBILE 09 - UNKNOWN AUTOMOBILE 10 - AUTOMOBILE BASED PICK-UP 11 - AUTOMOBILE BASED PANEL 12 - SHORT UTILITY 13 - LARGE LIMOUSINE 14 - THREE WHEEL AUTO OR DERIVATIVE MOTORCYCLES 20 - MOTORCYCLE 21 - MOPE 27 - THREE WHEEL MOTORCYCLE OR MOPE 28 - MINIBIKE, MOTORSCOOTER 29 - UNKNOWN MOTORCYCLE BUSES 30 - SCHOOL BUS 31 - CROSS COUNTRY/INTERCITY 32 - TRANSIT BUS 38 - OTHER BUS 39 - UNKNOWN BUS TYPE VANS 40 - VAN 41 - VAN COMMERCIAL CUTAWAY 42 - VAN BASED MOTORHOME 48 - OTHER VAN TYPE 49 - UNKNOWN VAN TYPE LIGHT TRUCKS (GVWR < 10,000#) 50 - PICK-UP 51 - PICKUP WITH SLIDE IN CAMPER 52 - PICKUP BASED MOTORHOME 53 - CAB CHASSIS BASED 54 - TRUCK BASED PANEL 55 - TRUCK BASED STATION WAGON 56 - TRUCK BASED UTILITY 58 - OTHER LIGHT TRUCK 59 - UNKNOWN LIGHT TRUCK TYPE 67 - STATIONWAGON - BASE BODY TYPE UNKNOWN 68 - UTILITY - BASE BODY TYPE UNKNOWN 69 - UNKNOWN LIGHT TRUCK MEDIUM/HEAVY TRUCKS 70 - SINGLE UNIT STRAIGHT TRUCK 73 - MEDIUM/HEAVY TRUCK BASED MOTORHOME 74 - TRUCK TRACTOR (CAB) 75 - UNKNOWN IF SINGLE UNIT OR COMBINATION TRUCK 77 - CAMPER OR MOTORHOME UNKNOWN TRUCK TYPE 79 - UNKNOWN TRUCK TYPE	
47. BODYTYPE (CONTINUED) OTHER MOTORIZED VEHICLE 80 - SNOWMOBILE 81 - FARM EQUIPMENT 82 - ATV 83 - CONSTRUCTION EQUIPMENT 88 - OTHER UNSPECIFIED VEHICLE 89 - UNKNOWN OTHER MOTORIZED VEHICLES NON-MOTORIZED UNITS 90 - UNICYCLE, BICYCLE, TRICYCLE 91 - OTHER PEDALCYCLE (BIG WHEEL) 92 - UNKNOWN PEDALCYCLE 93 - HORSE AND BUGGY 94 - HORSE AND RIDER TRACK VEHICLES 95 - TRAIN 96 - TROLLEY IF NOTHING ELSE 98 - OTHER BODY TYPE 99 - UNKNOWN BODY TYPE	
50. INITIAL IMPACT POINT 0 - NO IMPACT OR CONTACT 1 - 12 CLOCK POINTS 13 - TOP 14 - UNDERCARRIAGE 15 - TOWED UNIT 99 - UNKNOWN 	
51. VEHICLE STATUS 0 - NOT APPLICABLE 1 - LEGALLY PARKED 2 - ILLEGALLY PARKED - ON ROAD 3 - ILLEGALLY PARKED - OFF ROAD 4 - HIT AND RUN 5 - DISABLED FROM PREVIOUS ACCIDENT	
52. TRAVEL SPEED 00 - STOPPED OR PARKED 01 - 97 ACTUAL OR ESTIMATED SPEED 98 - 98 MPH OR GREATER 99 - UNKNOWN	
53. VEHICLE GRADIENT 1 - LEVEL ROADWAY 2 - UP HILL 3 - DOWN HILL 4 - SAG (BOTTOM OF HILL) 5 - CREST (TOP OF HILL)	
IF DRIVER PRESENT - 2 THEN DO NOT ENTER DATA FOR THE OPERATOR	
54. DRIVER PRESENCE 1 - DRIVER OPERATED VEHICLE 2 - DRIVERLESS VEHICLE 3 - DRIVER LEFT SCENE (AFTER ACCIDENT)	
55. DRIVER CONDITION 1 - APPEARED NORMAL 2 - HAD BEEN DRINKING 3 - ILLEGAL DRUG USE 4 - SICK 5 - FATIGUE 6 - ASLEEP 7 - MEDICATION 9 - UNKNOWN	

POLICE ACCIDENT REPORT - Overlay Sheet - 2

72. VEHICLE CONFIGURATION 1 - BUS 2 - SINGLE UNIT - (2 AXLES, 6 TIRES) 3 - SINGLE UNIT (3 + AXLES) 4 - TRUCK TRACTOR (BOBTAIL) 5 - TRUCK TRAILER 6 - TRACTOR/SEMI-TRAILER 7 - TRACTOR/DOUBLES 8 - TRACTOR/TRIPLES 9 - UNKNOWN HEAVY TRUCK	80. UNIT NUMBERS - BLOCK A CODE UNIT NUMBERS AS RECORDED ON PAGE 1.	80. TYPE OF INJURY - BLOCK I 0 - NO INJURY 1 - AMPUTATION 2 - BLEEDING WOUND 3 - BROKEN BONES 4 - DISTORTED MEMBER 5 - BRUISES/ABRASIONS 6 - BURNS 7 - SWELLING 8 - LIMPING 9 - COMPLAINT OF PAIN 97 - OTHER INCAPACITATING INJURY 98 - OTHER NON-INCAPACITATING 99 - UNKNOWN	(CONTINUED FROM BELOW) - BLOCK M 2 - HELICOPTER 3 - FIRE RESCUE VEHICLE 4 - PRIVATE VEHICLE 5 - POLICE VEHICLE 8 - OTHER 9 - UNKNOWN
73. CARGO BODY TYPE 1 - BUS 2 - VAN / ENCLOSED BOX 3 - CARGO TANK 4 - FLATBED 5 - DUMP 6 - CONCRETE MIXER 7 - AUTO TRANSPORT 8 - GARBAGE / REFUSE 9 - OTHER / UNKNOWN	80. SEAT POSITION - BLOCK B 1 - DRIVER 2 - MIDDLE FRONT 3 - RIGHT FRONT 4 - LEFT REAR 5 - MIDDLE REAR 6 - RIGHT REAR 7 - PEDESTRIAN 8 - OTHER SEAT POSITION 9 - UNKNOWN	80. AREA OF APPARENT INJURY - BLOCK J 0 - NO INJURY 1 - FACE 2 - HEAD 3 - NECK 4 - BACK 5 - ARM(S) 6 - LEG(S) 7 - CHEST/STOMACH 8 - INTERNAL 9 - ENTIRE BODY 98 - OTHER AREAS 99 - UNKNOWN	81. ILLUMINATION 1 - DAWN 2 - DAYLIGHT 3 - DARK - STREET LIGHTS 4 - DARK - NO STREET LIGHTS 5 - DUSK
78. HAZARDOUS MATERIALS CODE THE 4 DIGIT HAZARDOUS MATERIAL CODE ON THE PLACARD OR SELECT ONE OF THE FOLLOWING CODES TO REPRESENT THE PLACARD. 00 - NOT APPLICABLE 01 - NON-FLAMMABLE GAS 02 - COMBUSTIBLE 03 - ORGANIC PEROXIDE 04 - CORROSIVE 05 - EXPLOSIVES "A" 06 - OXYGEN 07 - POISON 08 - EXPLOSIVES "B" 09 - CHLORINE 10 - OXIDIZER 11 - POISONOUS GAS 12 - FUEL OIL 13 - DANGEROUS 14 - RADIOACTIVE 15 - FLAMMABLE SOLID "W" 16 - FLAMMABLE 17 - FLAMMABLE GAS 18 - FLAMMABLE SOLID 19 - GASOLINE 20 - BLASTING AGENT 98 - OTHER/NOT SIGNED 99 - UNKNOWN OR CODE THE 1 DIGIT HAZARDOUS MATERIAL CODE ON THE PLACARD	80. SEX - BLOCK C M - MALE F - FEMALE U - UNKNOWN	80. INJURY INFORMATION SOURCE - BLOCK K N - NOT APPLICABLE A - OBSERVATION OF OFFICER B - STATEMENT FROM INDIVIDUAL C - MEDICAL/PARAMEDICAL PERSONNEL	82. WEATHER 0 - NO ADVERSE CONDITIONS 1 - RAINING 2 - SLEET, HAIL, FREEZING RAIN 3 - SNOWING 4 - FOG, SMOKE 5 - RAIN AND FOG
	80. AGE - BLOCK D CODE ACTUAL AGE, EXCEPT FOR 1 - FOR INFANTS UP TO AGE 2 98 - AGE 98 OR GREATER 99 - UNKNOWN	80. EJECTION/EXTRICATION - BLOCK L 0 - NOT APPLICABLE 1 - TOTALLY EJECTED 2 - PARTIALLY EJECTED 3 - PARTIALLY EJECTED REQUIRING EXTRICATION 4 - EXTRICATION BY PERSONS UNKNOWN 5 - EXTRICATION - TWO OR MORE TYPES 6 - EXTRICATION BY AMBULANCE OR RESCUE PERSONNEL 7 - EXTRICATION BY POLICE 8 - EXTRICATION BY SELF 9 - UNKNOWN EJECTION OR EXTRICATION	83. ROAD SURFACE CONDITIONS 1 - DRY 2 - WET 3 - MUDDY 4 - SNOW COVERED 5 - ICE COVERED 6 - PLOWED SNOW 7 - SALTED & CINDERED 8 - ICE PATCHES
	80. ACTIVE RESTRAINT TYPE - BLOCK E 0 - NONE OR PEDESTRIAN 1 - SHOULDER HARNESS ONLY 2 - SEAT BELT ONLY 3 - COMBINATION (HARNESS & BELT) 4 - CHILD RESTRAINT DEVICE 7 - HELMET 8 - OTHER 9 - UNKNOWN	80. INJURY TRANSPORTATION - BLOCK M 0 - NOT APPLICABLE 1 - AMBULANCE (CONT'D ABOVE)	91. PROBABLE USE (ALCOHOL OR DRUGS) 0 - NONE 1 - ALCOHOL 2 - CONTROLLED SUBSTANCES 3 - OTHER DRUGS 4 - BOTH ALCOHOL AND DRUGS 9 - UNKNOWN
80. ACTIVE RESTRAINT USAGE - BLOCK F 0 - NOT APPLICABLE 1 - IN USE 2 - NOT IN USE 9 - UNKNOWN	92. TYPE TEST 0 - NOT APPLICABLE /NO TEST GIVEN 1 - BLOOD 2 - BREATH 3 - URINE 4 - TEST REFUSED 8 - OTHER 9 - UNKNOWN		
80. PASSIVE RESTRAINT TYPE - BLOCK G 0 - NONE OR PEDESTRIAN 1 - AIRBAG (DEPLOYED) 2 - AIR BAG (NOT DEPLOYED) 3 - AUTOMATIC SEAT BELT 8 - OTHER 9 - UNKNOWN	93. RESULTS (ALCOHOL TEST) CODE ACTUAL TEST RESULT E.G. 197 GRAMS = 0.20% (MOVE 3 DECIMAL PLACES AND ROUND)		

STATE OF RHODE ISLAND UNIFORM ACCIDENT REPORT

Rhode Island

Reporting Agency: _____	Dept. Code: _____	Type of Collision: _____	Report No: _____
Date of Accident: ____/____/____	()Sun ()Mon ()Tues	()Public Property	()Investigated at Scene
Time: ()am ()pm	()Wed ()Thu ()Fri ()Sat	()Private Property	()Walk-In ()Other

Location:

Street/Highway: _____	City/Town: _____	Intersection with: _____
Exact Location if not at Intersection: _____	()North ()South ()East ()West	Nearest Intersection Street: _____
Feet/or _____ Miles: _____		Mile Marker: ____/____/____

Operator #1

Name of Operator: _____	Date of Birth: _____	M() F()	Social Security Number (Optional): _____
Street/Mailing Address: _____	City/Town: _____	State: _____	Zip Code: _____
License No: _____ State: _____	()Operator ()Chauffeur ()Permit		Telephone (Optional): _____
Restriction: _____	Transporting Placardable HM Y() N()	()Motorcycle	()CDL/Req. Yes No
Charges (If Applicable) Citation # _____	Statue # (1) _____ (2) _____ (3) _____	Vehicle Direction: N() S() E() W()	

Vehicle Type: #1

() Passenger Car () Pick-up Van () Schl. Bus () Other Bus () Motor Cycle () T. Trailer () Straight Trk. () Tractor only
() Other Type Vehicle

Vehicle #1

Registration No. _____	Plate Type: _____	Year: _____ Make: _____	V.I.N. Number: _____
State: _____		Color/Model: _____	
Registered Owner's Name: _____	Street/Mailing Address: _____	City/Town: _____	Zip: _____
		State: _____	
Name of Insurance Company: _____	Insurance Policy Number: _____	Owner's Telephone (Optional): _____	

Air Bags Available: () Yes () Unknown Air Bags Activated: () Yes () No () One () Two () Driven () Towed

Operator #2

Name of Operator: _____	Date of Birth: _____	M() F()	Social Security Number (Optional): _____
Street/Mailing Address: _____	City/Town: _____	State: _____	Zip Code: _____
License No: _____ State: _____	()Operator ()Chauffeur ()Permit		Telephone (Optional): _____
Restrictions: _____	Transporting Placardable HM Y() N()	()Motorcycle	()CDL/Req. Yes No
Charges (If Applicable) Citation # _____	Statue # (1) _____ (2) _____ (3) _____	Vehicle Direction: N() S() E() W()	

Vehicle Type: #2

() Passenger Car () Pick-up Van () Schl. Bus () Other Bus () Motor Cycle () T. Trailer () Straight Trk. () Tractor only
() Other Type Vehicle

Vehicle #2

Registration No. _____	Plate Type: _____	Year: _____ Make: _____	V.I.N. Number: _____
State: _____		Color/Model: _____	
Registered Owner's Name: _____	Street/Mailing Address: _____	City/Town: _____	Zip: _____
		State: _____	
Name of Insurance Company: _____	Insurance Policy Number: _____	Owner's Telephone (Optional): _____	

Air Bags Available: () Yes () Unknown Air Bags Activated: () Yes () No () One () Two () Driven () Towed
Garage: _____

STATE OF RHODE ISLAND UNIFORM ACCIDENT REPORT

Rhode Island

Vehicle #1

Briefly Describe Damage to Vehicle Caused by Accident/Including Glass Breakage:
Briefly Describe Specific Vehicle Damage which Pre-existed the Accident/Including Glass Breakage, If Known:
Briefly Describe Damage to Contents of Vehicle - Caused by Accident, If Any:

Vehicle #2

Briefly Describe Damage to Vehicle Caused by Accident/Including Glass Breakage:
Briefly Describe Specific Vehicle Damage which Pre-existed the Accident/Including Glass Breakage, If Known:
Briefly Describe Damage to Contents of Vehicle - Caused by Accident, If Any:

Trailer Information:

Reg. No:	State:	Make:	Vin. #:	Towed by: ()1 ()2
----------	--------	-------	---------	---------------------

Summary Information:

Briefly Describe What Happened and Indicate Specific Description of all Accident Debris, Refer to Vehicle by Number:

Photos Taken ()Y ()N	Diagram Attached ()Y ()N	Operator Statement ()Y ()N	Supplement Reports: ()Y ()N	Supplemental Truck/Bus Report ()Y ()N
------------------------	----------------------------	------------------------------	-------------------------------	---

Investigating Officer:	Badge No:	Date of Report:
<i>Printed Name</i>		
<i>& Signature</i>		

A Copy of this Report Must Be Forwarded to:

Safety Responsibility Section

286 Main Street

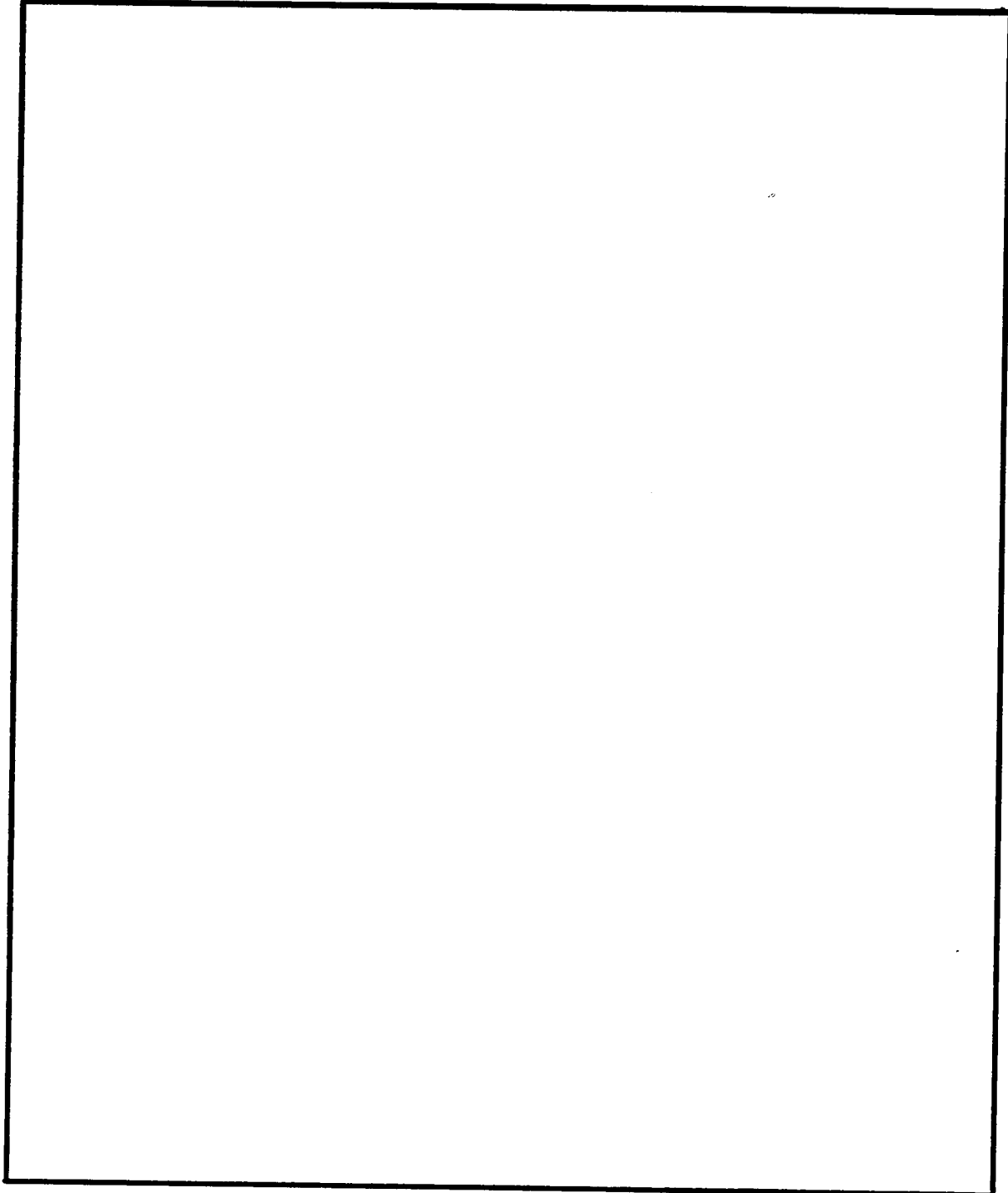
Pawtucket, Rhode Island 02860

(Within 15 Days - Per: Rhode Island General Law #31-26-9)

DMV/94

Original size document - 8-1/2 X 11

DIAGRAM OF ACCIDENT:



SUPPLEMENTAL TRUCK/BUS ACCIDENT REPORT

Do not Complete this Form Unless:

One or More Qualified Vehicles was involved; and...	One or More Vehicles was towed from the scene; or...
One or More Qualifying Injuries was sustained; or...	One or More Vehicles was Provided Assistance.

Total Number of Qualifying Vehicles Involved:

Trucks with (6) or More Tires or Hazardous Material Placards: ()	Buses Designed to Carry (16) or More Persons: ()
Total Number of Supplemental Forms: ()	Interstate Carrier: () Yes () No

Accident Report Number: _____	Date Accident Occurred: ____/____/____	Time Accident Occurred (Military): ____:____:____
-------------------------------	--	---

Carrier Information: "Identification Numbers"

None = "0" → ()	US DOT: _____ (7-Numbers)	State No: _____	State: _____	ICC/MC: _____ (6-numbers)
------------------	------------------------------	-----------------	--------------	------------------------------

Accident Location Information:

Location: (Number/Name of Highway/Street): _____	City/Township: _____	County: _____
--	----------------------	---------------

(Enter # _____)

Source of Information:

Carrier Name: _____			
(1) Side of Vehicle	(2) Shipping Papers (Truck) or Trip Manifest (Bus)		
(3) Driver	(4) Log Book		
Address: (Street/Box#) _____	City: _____	State: _____	Zip Code: _____

Driver Information:

Name: _____ Last First M.I.	DOB: ____/____/____ Mo. Day Year	License # _____	State: _____
--------------------------------	-------------------------------------	-----------------	--------------

(Enter # _____)

Vehicle Configuration:

(0) Any Four (4) Tire Vehicle	(4) Truck/Trailer	(7) Tractor/Double
(1) Bus/Seats for >15 People, Including Driver	(5) Truck Tractor/Bobtail	(8) Tractor/Triples
(2) Single-Unit Truck (2-Axle, 6-Tire)	(6) Tractor/Semitrailer	(9) Unknown Truck, Cannot Classify
(3) Single-Unit Truck (3 or more Axles)		

(Enter # _____)

Cargo Body Type:

(1) Bus designed to carry 16 or more persons	(4) Flatbed	(7) Auto Transporter
(2) Van/Enclosed Box	(5) Dump	(8) Garbage/Refuse
(3) Cargo Tank	(6) Concrete Mixer	(9) Other

Gross Vehicle Weight Rating:

Truck/Tractor or Bus: _____ Lbs.	Trailer(s) Total: _____ Lbs.	Total Amount: _____ Lbs.	Total No. of Axles: _____ (Inc. Trailer)
Vehicle Identification No. (VIN): _____		Vehicle License No: _____	License/State: _____

Hazardous Materials Involvement:

Did Vehicle Have a Hazardous Material Placard? () Yes () No	If "Yes" from Placard Indicate Name or 4 digit Number: _____ (from diamond or box)
One (1) Digit Number From Bottom of Diamond ()	Was Hazardous Material Released from this Vehicle's Cargo () Yes () No

MCSAP/94

Rhode Island

Reporting Agency: _____	Investigated By: _____	Badge/ ID # _____	Total Number of Vehicles Involved in Accident: _____
-------------------------	------------------------	----------------------	---

Sequence of Events for this vehicle (fill in appropriate numbers):

Event #1	Event #2	Event #3	Event #4
(1) Ran Off Road (2) Jack Knife (3) Overturn (Rollover) (4) Downhill Runaway (5) Cargo Loss or Shift	(6) Explosion or Fire (7) Separation of Units (8) Collision Involving Pedestrian (9) Collision Involving Motor Vehicle in Transport (10) Collision Involving Parked Motor Vehicle	(11) Collision Involving Train (12) Collision Involving Pedal Cycle (13) Collision Involving Animal (14) Collision Involving Fixed Object (15) Collision Involving Other Object (16) Other	

(Enter # _____)

Type of Road / Traffic way

(1) Not Physically Divided (Two-way Traffic-way)	(3) Divided Highway, Median Strip, with Traffic Barrier
(2) Divided Highway, Median Strip, without Traffic Barrier	(4) One-Way Traffic-way

(Enter # _____)

Access Control

(1) No Control (Unlimited Access)	(2) Full Control (Only Ramp Entry and Exit)	(3) Other
-----------------------------------	---	-----------

(Enter # _____)

Weather Condition

(1) No Adverse Condition	(4) Snow	(7) Severe Crosswinds
(2) Rain	(5) Fog	(8) Other
(3) Sleet, or Hail	(6) Blowing, Sand, Soil, Dirt, or Snow	(9) Unknown

(Enter # _____)

Road Surface Condition:

(1) Dry	(3) Snow or Slush	(5) Contaminant (Sand, Mud, Dirt, Oil, Etc.
(2) Wet	(4) Ice	(8) Other
		(9) Unknown

(Enter # _____)

Light Condition:

(1) Daylight	(3) Dark - Lighted	(5) Dusk
(2) Dark - Not Lighted	(4) Dawn	(9) Unknown

(Enter # _____)

Apparent Driver Condition:

(1) Appeared Normal	(3) Illegal Drug Use	(5) Fatigue	(7) Medication
(2) Had Been Drinking	(4) Sick	(6) Asleep	(8) Unknown

Number of Persons Sustaining Fatal Injuries: ()	Transported for Immediate Medical Treatment: ()
Number of Vehicles Towed from the Scene	
Due to Damage or Provided Assistance: ()	Was this Vehicle Towed: () Yes () No
*Note: MCSAP Inspection Form Done? () Yes () No	

MCSAP/94

D.P.S. USE ONLY

<input type="checkbox"/>	Amended - Attach Copy of Original Report	
<input type="checkbox"/>	Corrected	P

— # of Units.

Page of Pages

South Carolina

Original size document – 8-1/2 X 11

ORIGINAL

D.P.S. USE ONLY

**SOUTH CAROLINA
UNIFORM TRAFFIC COLLISION REPORT
(FOR INVESTIGATING OFFICERS)
SUPPLEMENTAL BUS & TRUCK ACCIDENT REPORT**

☐ Amended - Attach Copy
of Original Report

☐ Corrected

Page of Pages

Date	Time	County	Route Category 1 - Interstate 4 - Secondary 2 - US Primary 5 - County 3 - SC Primary 6 - Other	ACCIDENT LOCATION (Route number & Name if any)	AUXILIARY 0 - Main Line 6 - Connection 2 - Alternate 7 - Business 5 - Spur 9 - Other 8 - Bypass																																																				
SCREENING INFORMATION				ACCIDENT LOCATION / ENVIRONMENT INFORMATION																																																					
NUMBER OF QUALIFYING VEHICLES INVOLVED A truck with 6 or more tires → <input type="text"/> OR A vehicle with a hazardous material placard → <input type="text"/> OR A bus designed to carry 16 or more persons, including the driver → <input type="text"/> NUMBER OF PERSONS INVOLVED Sustaining fatal injuries → <input type="text"/> Transported for immediate medical services → <input type="text"/> NUMBER OF VEHICLES TOWED/PROVIDED ASSISTANCE Towed from scene due to damage or provided assistance → <input type="text"/> DO NOT COMPLETE THIS FORM UNLESS: One or more qualified vehicles was involved - <u>AND</u> One or more qualifying injuries was sustained - <u>OR</u> One or more vehicles was towed from the scene - <u>OR</u> One or more vehicles was provided assistance				1 - Two-way trafficway with <u>NO</u> physical separation 2 - Two-way trafficway with median strip (divided highway without traffic barrier) <input type="text"/> 3 - Divided trafficway, median strip, with physical traffic barrier 4 - One-way trafficway ACCESS CONTROL 1 - No Control of Access (Unlimited Access) <input type="text"/> 2 - Full Control of Access (Only Ramp Entry or Exit) 3 - Other VEHICLE INFORMATION Gross Vehicle Weight Rating Truck or Tractor → <table border="1" style="display: inline-table; width: 100px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Trailer or Trailers Total → <table border="1" style="display: inline-table; width: 100px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> TOTAL NUMBER OF AXLES (Including Trailers) → <table border="1" style="display: inline-table; width: 50px;"><tr><td></td><td></td></tr></table> VEHICLE CONFIGURATION 0 - Any 4-tire Vehicle 1 - Bus 2 - Single Unit Truck (2 axles / 6 or more tires) 3 - Single Unit Truck (3 or more axles) 4 - Truck with Trailer 5 - Truck Tractor Only (Bobtail) 6 - Tractor with Semi-Trailer 7 - Tractor with Double Trailers 8 - Tractor with Triple Trailers 9 - Other - Unable to Classify																																																					
TOTAL NUMBER OF SUPPLEMENTAL FORMS REQUIRED: <input type="text"/>				CARGO BODY TYPE 1 - Bus 2 - Van / Enclosed Box 3 - Cargo Tank 4 - Flat Bed 5 - Dump 6 - Concrete Mixer 7 - Auto Transport 8 - Garbage or Refuse 9 - Other																																																					
UNIT NUMBER _____ FR-10 NUMBER _____				HAZARDOUS MATERIAL INVOLVEMENT WAS THIS VEHICLE CARRYING HAZARDOUS MATERIALS ? 1 - YES 2 - NO 3 - UNKNOWN <input type="text"/>																																																					
CARRIER INFORMATION NAME: _____ SOURCE: 1 - Shipping Papers 4 - Log Book 2 - Vehicle Side 5 - Other 3 - Driver 9 - Unknown				DID VEHICLE HAVE A HAZARDOUS MATERIAL PLACARD ? 1 - YES 2 - NO 3 - UNKNOWN <input type="text"/> If "YES", from placard indicate: Name or 4 Digit Number from Diamond or Box → <table border="1" style="display: inline-table; width: 100px;"><tr><td></td><td></td><td></td><td></td></tr></table> 1 or 2 Digit Number from Bottom of Diamond → <table border="1" style="display: inline-table; width: 50px;"><tr><td></td><td></td></tr></table>																																																					
ADDRESS: Street Address: _____ City _____ State <table border="1" style="display: inline-table; width: 40px;"><tr><td></td><td></td></tr></table> Zip <table border="1" style="display: inline-table; width: 80px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												WAS HAZARDOUS MATERIAL RELEASED FROM THIS VEHICLE'S CARGO ? 1 - YES 2 - NO 3 - UNKNOWN <input type="text"/>																																													
IDENTIFICATION NUMBERS: US DOT <table border="1" style="display: inline-table; width: 100px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> NONE = 0 <input type="text"/> ICC MC <table border="1" style="display: inline-table; width: 100px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> STATE <table border="1" style="display: inline-table; width: 40px;"><tr><td></td><td></td></tr></table> STATE NUMBER <table border="1" style="display: inline-table; width: 120px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																												NOTIFICATION: SEQUENCE OF EVENTS (for THIS Vehicle) <table border="1" style="width:100%; text-align: center;"> <tr> <td>Event #1 <table border="1" style="width: 40px;"><tr><td></td><td></td></tr></table></td> <td>Event #2 <table border="1" style="width: 40px;"><tr><td></td><td></td></tr></table></td> <td>Event #3 <table border="1" style="width: 40px;"><tr><td></td><td></td></tr></table></td> <td>Event #4 <table border="1" style="width: 40px;"><tr><td></td><td></td></tr></table></td> </tr> </table> <div style="display: flex; justify-content: space-between;"> <div> 11 - Ran Off Road 12 - Jackknifed 13 - Overturned or Rollover 14 - Downhill Runaway 15 - Cargo Loss or Shift 16 - Explosion or Fire 17 - Separation of Units 19 - Other Event </div> <div> (Collision Involving) 21 - Pedestrian 22 - Motor Vehicle in Transport 23 - Parked Vehicle 24 - Train 25 - Pedalcycle 26 - Animal 27 - Fixed Object 29 - Other Object </div> </div>		Event #1 <table border="1" style="width: 40px;"><tr><td></td><td></td></tr></table>			Event #2 <table border="1" style="width: 40px;"><tr><td></td><td></td></tr></table>			Event #3 <table border="1" style="width: 40px;"><tr><td></td><td></td></tr></table>			Event #4 <table border="1" style="width: 40px;"><tr><td></td><td></td></tr></table>		
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DRIVER INFORMATION (Apparent Driver Condition) 1 - Appeared Normal 4 - Sick 7 - Medication 2 - Had Been Drinking 5 - Fatigue 8 - Unknown 3 - Illegal Drug Abuse 6 - Asleep				Investigator's Name _____ Rank _____ Badge Number _____ Agency Type _____ Code _____ Date _____ Reviewer's Name _____ Rank _____																																																					

SOUTH CAROLINA UNIFORM TRAFFIC COLLISION REPORT																																																																																																																																																															
LIGHT 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK (LIGHTING UNSPECIFIED) 5 - DARK (STREET LAMP LT) 6 - DARK (STREET LAMP NOT LT) 7 - DARK (NO LIGHTS)		WEATHER 1 - CLEAR: NO ADVERSE CONDITION 2 - RAIN 3 - CLOUDY 4 - SLEET OR HAIL 5 - SNOW 6 - FOG, SMOG 7 - BLOWING SAND, SOIL, DIRT OR SNOW 8 - SEVERE CROSS WINDS, HIGH WIND 9 - OTHER		LOCALE 1 - OPEN COUNTRY 2 - RESIDENTIAL 3 - SHOPPING OR BUSINESS 4 - MFG. OR INDUSTRIAL 5 - SCHOOL OR PLAYGROUND 6 - HOSPITAL 7 - OTHER		CHARACTER 1 - STRAIGHT - LEVEL 2 - STRAIGHT - ON GRADE 3 - STRAIGHT - HILLCREST 4 - CURVE - LEVEL 5 - CURVE - ON GRADE 6 - CURVE - HILLCREST		CONDITION 1 - DRY 2 - WET 3 - Icy 4 - SLUSHY 5 - SNOWY 6 - CONTAMINANT (SAND, MUD, DIRT, OIL, ETC.) 7 - DEBRIS 8 - OTHER		ROAD DEFECT 0 - NONE 1 - SHOULDER DEFECT 2 - SOFT SHOULDER 3 - LOW SHOULDER 4 - HIGH SHOULDER 5 - RUTS, HOLES, BUMPS 6 - WORN POLISHED TRAVEL 7 - ROAD UNDER CONSTRUCTION/ MAINTENANCE 8 - OTHER		TRAFFIC CONTROL 1 - STOP SIGN 2 - STOP AND GO SIGNAL 3 - YIELD SIGN 4 - OFFICER OR FLAGMAN 5 - RR CROSSING GATES / LIGHTS 6 - RR FLASHING LIGHTS 7 - NONE 8 - OTHER REGULATORY SIGN 9 - RR CROSSBUCKS ONLY		TRAFFIC CONTROL FUNCTIONING 0 - NOT APPLICABLE 1 - YES 2 - NO 3 - UNKNOWN		MANNER OF COLLISION 0 - NOT COLLISION WITH MOTOR VEHICLE IN TRANSPORT 1 - REAR-END 2 - HEAD-ON 3 - REAR-TO-REAR 4 - ANGLE 5 - SIDESWIPE - SAME DIRECTION 6 - SIDESWIPE - OPPOSITE DIRECTION 7 - BACKED INTO 8 - UNKNOWN		FIRST HARMFUL EVENT SEE HARMFUL EVENT CODE LIST ON REVERSE SIDE		HARMFUL EVENT LOCATION / RELATION TO ROADWAY SEE RELATION TO ROADWAY CODE LIST ON REVERSE SIDE		PROBABLE COLLISION CAUSE / FACTOR SEE PROBABLE CAUSE / FACTOR CODE LIST ON REVERSE SIDE		MOST HARMFUL EVENT SEE HARMFUL EVENT CODE LIST ON REVERSE SIDE		UNIT 1 UNIT 2																																																																																																																																					
SOUTH CAROLINA UNIFORM TRAFFIC COLLISION REPORT MAIL ORIGINAL REPORT TO: S.C. DEPT. OF PUBLIC SAFETY OFFICE OF SAFETY AND GRANT PROGRAMS P.O. BOX 191 COLUMBIA, S.C. 29202										TYPE UNIT 01 - AUTOMOBILE 12 - PICKUP TRUCK 13 - TRUCK TRACTOR 14 - OTHER TRUCK 15 - FULL SIZE VAN 16 - MINI VAN 25 - MOTORCYCLE 26 - MOPED 27 - PEDALCYCLE 28 - MINI-BIKE 36 - ANIMAL DRAWN VEHICLE 39 - ANIMAL (RIDDEN) 41 - PEDESTRIAN 51 - TRAIN 61 - SCHOOL BUS 62 - PASSENGER BUS 99 - OTHER 99 - UNKNOWN (MT AND RUN ONLY)										VEHICLE USE 01 - PERSONAL 02 - DRIVER TRAINING 03 - CONSTRUCTION / MAINT. 04 - AMBULANCE 05 - MILITARY 06 - TRANSPORT PASSENGERS 07 - TRANSPORT PROPERTY 08 - FARM USE 09 - WRECKER OR TOW 10 - POLICE 11 - GOVERNMENT 12 - FIRE FIGHTING 99 - OTHER										ATTACHMENTS 1 - NONE 2 - MOBILE HOME 3 - SEMI-TRAILER 4 - UTILITY TRAILER 5 - FARM TRAILER 6 - TRAILER WITH BOAT 7 - CAMPER TRAILER 8 - TOWED MOTOR VEHICLE 9 - PETROLEUM TANKER A - LOWBOY TRAILER B - AUTO CARRIER TRAILER C - OTHER TANKER D - FLAT BED E - OTHER F - TWIN TRAILERS										DRIVER LICENSE RESTRICTIONS NOT COMPLIED WITH A - CORRECTIVE LENSES B - SPECIAL RESTRICTED C - NO INTERSTATE DRIVING D - NOT TO EXCEED 50 MPH E - NEIGHBORHOOD ONLY F - PREVIOUS DUI G - HAND CONTROLS H - STEERING KNOB J - AUTOMATIC TRANSMISSION K - POWER STEERING / BRAKES L - OTHER M - OUTSIDE MIRROR N - TURN SIGNALS										VISION OBSTRUCTION 0 - NONE 1 - BUILDING 2 - SIGN 3 - VEGETATION 4 - SNOW BANK 5 - HILL 6 - CURVE IN ROAD 7 - VEHICLES 8 - SUNLIGHT, HEADLIGHTS 9 - OTHER (DUST, SMOKE, E.G.)										VEHICLE DEFECT 00 - NONE 01 - BRAKES 02 - STEERING 03 - POWER PLANT 04 - SUSPENSION 05 - TIRES 06 - EXHAUST 07 - LIGHTS 08 - SIGNALS 09 - WINDOWS / WINDSHIELD 10 - RESTRAINT SYSTEMS 11 - WHEELS 12 - TRUCK COUPLING 13 - CARGO 14 - FUEL SYSTEM 17 - OTHER 99 - UNKNOWN										PEDESTRIAN / PEDALCYCLIST ACTION 10 - ENTERING OR CROSSING SPECIFIED LOCATION 11 - ENTERING OR CROSSING ROADWAY 12 - ENTERING OR CROSSING FROM IN FRONT OF OR BEHIND OTHER VEHICLE 20 - WALKING OR RIDING WITH TRAFFIC 30 - WALKING OR RIDING AGAINST TRAFFIC 52 - APPROACHING OR LEAVING A VEHICLE 62 - PUSHING OR WORKING ON VEHICLE 68 - WORKING IN ROADWAY 70 - STANDING 74 - PLAYING IN ROADWAY 75 - LYING AT OR IN LOCATION SPECIFIED 76 - SITTING AT OR IN LOCATION SPECIFIED 97 - OTHER										PEDESTRIAN / PEDALCYCLIST VISIBILITY 0 - NO VISIBILITY 1 - CLOTHING CONTRASTS WITH BACKGROUND 2 - REFLECTIVE MATERIAL OR OBJECT ONLY 3 - CLOTHING CONTRASTS AND REFLECTIVE MATERIAL / OBJECT 4 - OTHER LIGHT SOURCE USED 5 - CLOTHING CONTRASTS AND OTHER LIGHT SOURCE USED 6 - REFLECTIVE MATERIAL AND OTHER LIGHT SOURCE USED 7 - CLOTHING CONTRASTS AND REFLECTIVE MATERIAL AND OTHER LIGHT SOURCE USED 9 - UNKNOWN										ALCOHOL / DRUG TEST TYPE CODE FIRST POSITION: SCREENING TEST ADMINISTERED: 0 - NO 1 - YES CODE SECOND POSITION: 0 - NO TEST 1 - BLOOD TEST 2 - BREATH TEST 3 - URINE TEST 7 - UNABLE TO ADMINISTER 8 - REFUSED TEST 9 - TEST PENDING										TEST RESULTS CODE FIRST POSITION: 0 - NEGATIVE OR NOT GIVEN 1 - POSITIVE 9 - RESULTS PENDING ALCOHOL TEST RESULTS CODE NEXT TWO POSITIONS: LEVEL OF BLOOD ALCOHOL TEST RESULTS										RESTRAINT EQUIPMENT USED 10 - NO SAFETY EQUIPMENT AVAILABLE 11 - NONE USED - VEHICLE OCCUPANT 20 - SHOULDER BELT ONLY USED / AIR BAG NOT DEPLOYED 21 - LAP BELT ONLY USED / AIR BAG NOT DEPLOYED 22 - SHOULDER AND LAP BELT USED / AIR BAG NOT DEPLOYED 23 - CHILD SAFETY SEAT USED / AIR BAG NOT DEPLOYED 30 - HELMET USED 40 - AIR BAG DEPLOYED / NO SHOULDER OR LAP BELT USED 41 - AIR BAG DEPLOYED WITH SHOULDER BELT ONLY USED 42 - AIR BAG DEPLOYED WITH SHOULDER AND LAP BELT ONLY USED 43 - AIR BAG DEPLOYED WITH SHOULDER AND LAP BELT USED 44 - AIR BAG DEPLOYED WITH CHILD SAFETY SEAT USED 50 - SHOULDER BELT ONLY USED / NO AIR BAG AVAILABLE 51 - LAP BELT ONLY USED / NO AIR BAG AVAILABLE 52 - SHOULDER AND LAP BELT USED / NO AIR BAG AVAILABLE 53 - CHILD SAFETY SEAT USED / NO AIR BAG AVAILABLE 60 - NOT APPLICABLE - NON MOTORIST 70 - RESTRAINT USE / AIR BAG DEPLOYMENT UNKNOWN										DRIVER INTENTIONS SEE DRIVER INTENTIONS CODE LIST ON REVERSE SIDE										VEHICLE MANEUVER SEE VEHICLE MANEUVER CODE LIST ON REVERSE SIDE										AREA OF VEHICLE DAMAGE 00 - NONE 01 - CENTER FRONT 02 - RIGHT FRONT 03 - RIGHT SIDE 04 - RIGHT REAR 05 - CENTER REAR 06 - LEFT REAR 07 - LEFT SIDE 08 - LEFT FRONT 09 - TOP AND WINDOWS 10 - UNDERCARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 98 - NOT APPLICABLE (PEDESTRIAN, PEDALCYCLIST, ETC.) 99 - UNKNOWN										EXTENT OF DEFORMITY 0 - NONE 1 - VERY MINOR 2 - MINOR 3 - MINOR MODERATE 4 - MODERATE 5 - MODERATE / SEVERE 6 - SEVERE 7 - VERY SEVERE 8 - NOT APPLICABLE 9 - UNKNOWN									
UNIT UNIT 1 UNIT 2										SEX SEX										RACE RACE										DATE OF BIRTH DATE OF BIRTH										SEAT SEAT										REST REST										EJEC EJEC										LAI LAI										TRAN TRAN										INJ INJ																																																																					

#18, 13 AND 14 HARMFUL EVENT CODE LIST
(FIRST AND MOST)

- NON-COLLISION**
- 01 - OVERTURN
 - 02 - FIRE/EXPLOSION
 - 03 - MANEUVER
 - 04 - GAS INHALATION
 - 05 - THROWN OR FALLING OBJECT
 - 06 - SPILL (FOR 2-WHEEL VEHICLE IN SINGLE VEHICLE ACCIDENT)
 - 07 - JACUPE
 - 08 - OTHER NON-COLLISION
- COLLISION WITH OBJECT NOT FIXED**
- 10 - PEDESTRIAN
 - 20 - OTHER OBJECT (NOT FIXED)
 - 30 - PARKED MOTOR VEHICLE
 - 31 - STOPPED MOTOR VEHICLE
 - 32 - MOTOR VEHICLE IN TRANSPORT
 - 33 - MOTOR VEHICLE IN TRANSPORT IN OTHER ROADWAY
 - 35 - RAILWAY TRAIN
 - 40 - PEDALCYCLIST
 - 41 - MOTORCYCLIST
 - 42 - MOPED
 - 44 - DOMESTIC ANIMAL WITH RIDER
 - 45 - DOMESTICATED ANIMAL
 - 46 - WILD ANIMAL, OTHER THAN DEER
 - 47 - DEER
 - 48 - OTHER ANIMAL
- COLLISION WITH FIXED OBJECT**
- 50 - HIGHWAY GUARDRAIL END
 - 51 - HIGHWAY GUARDRAIL FACE
 - 52 - IMPACT ATTENUATOR CRASH CUSHION
 - 53 - UTILITY POLE
 - 54 - LUMINAIRE/LIGHT SUPPORT OR LIGHT STANDARD
 - 55 - TREE
 - 56 - FIRE HYDRANT
 - 57 - PIER OR COLLUM
 - 58 - OVERHEAD SIGN SUPPORT
 - 59 - HIGHWAY TRAFFIC SIGN POST
 - 60 - TRAFFIC SIGNAL POST
 - 61 - OTHER POST
 - 63 - BARRICADE
 - 65 - CLAY/VERT HEADWALL
 - 66 - CURB
 - 67 - RETAINING WALL
 - 68 - MEDIAN BARRIER (FINISHED CONCRETE OR STEEL)
 - 69 - ROCK OR STONE SLOPE/SIDE
 - 70 - EARTH SLOPE/EMBANKMENT
 - 71 - BUILDING
 - 72 - FENCE (OTHER THAN MEDIAN)
 - 73 - BOULDER
 - 74 - DITCH
 - 75 - OVERHEAD STRUCTURE, UNDERPASS
 - 76 - OTHER FIXED OBJECT
 - 77 - TRASH DUMPSTER
 - 78 - MAILBOX
 - 79 - BRIDGE/PIER/ABUTMENT
 - 80 - BRIDGE PARAPET END
 - 81 - BRIDGE RAIL
- OTHER**
- 90 - OTHER OBJECT (I.E., FOREIGN MATERIAL)
 - 93 - ROAD DEFECT
 - 95 - UNKNOWN
 - 99 - OTHER
- #11 HARMFUL EVENT LOCATION/RELATION TO ROADWAY**
- ON TRAFFICWAY**
- ON ROADWAY**
- 01 - AT INTERSECTION
 - 02 - AT INTERSECTION, IN CROSSWALK
 - 03 - NON-INTERSECTION
 - 04 - NON-INTERSECTION, IN CROSSWALK
 - 05 - ON ISLAND
 - 06 - ON ISLAND CROSSWALK
 - 07 - INTERCHANGE RAMP
 - 08 - OTHER
- OFF ROADWAY**
- 20 - SHOULDER (OTHER THAN SHOULDER WITHIN MEDIAN OR GORE)
 - 21 - MEDIAN (OTHER THAN MEDIAN WITHIN GORE AREA)
 - 22 - ISLAND
 - 23 - OUTSIDE SHOULDER, LEFT
 - 24 - OUTSIDE SHOULDER, RIGHT
 - 25 - DRIVEWAY ACCESS
 - 26 - DRIVEWAY ACCESS IN CROSSWALK
 - 27 - ROADSIDE, LEFT
 - 28 - ROADSIDE, RIGHT
 - 29 - SIDEWALK, LEFT
 - 30 - SIDEWALK, RIGHT
 - 31 - GORE
 - 32 - OFF ROADWAY, LOCATION UNKNOWN
 - 39 - OTHER
- OFF TRAFFICWAY**
- 41 - OUTSIDE TRAFFICWAY, LEFT
 - 42 - OUTSIDE TRAFFICWAY, RIGHT

- MOVEMENTS ESSENTIALLY STRAIGHT AHEAD**
- 00 - MOVING STRAIGHT, DETAILS UNKNOWN
 - 01 - STRAIGHT AHEAD IN PROPER DIRECTION INCLUDING CURVES IN ROADWAY
 - 02 - OVERTAKING OTHER VEHICLE ON LEFT, LEFT OF CENTER LINE
 - 03 - OVERTAKING OTHER VEHICLE ON LEFT, RIGHT OF CENTER LINE (USE ON ONE WAY TRAFFIC)
 - 04 - OVERTAKING ANOTHER VEHICLE ON RIGHT
 - 05 - STRAIGHT AHEAD IN LEFT TURN LANE
 - 06 - STRAIGHT AHEAD IN RIGHT TURN LANE
 - 07 - CHANGING LANES TO LEFT
 - 08 - CHANGING LANES TO RIGHT
 - 09 - MERGING FROM LEFT (ROADWAY NARROWS ON LEFT)
 - 10 - MERGING FROM RIGHT (ROADWAY NARROWS ON RIGHT)
 - 11 - ON WRONG SIDE OF ROADWAY
 - 12 - IN WRONG DIRECTION ON ONE WAY ROADWAY
 - 13 - SWERVING TO LEFT
 - 14 - SWERVING TO RIGHT
 - 15 - SLOWING OR STOPPING
 - 16 - SLOWING LONGITUDINALLY
 - 17 - SLOWING LATERNALLY
 - 18 - SPINNING OR YAWING
 - 19 - JACK KNOFFING
 - 20 - STOPPED IN TRAFFIC
 - 21 - STARTING FROM STOP
 - 22 - INCREASED SPEED

#12 PROBABLE CAUSE

- DRIVER**
- 00 - UNDER THE INFLUENCE OF ALCOHOL AND DRUGS
 - 01 - UNDER THE INFLUENCE OF DRUGS
 - 02 - UNDER THE INFLUENCE OF ALCOHOL
 - 03 - FAILED TO YIELD RIGHT OF WAY
 - 04 - DISREGARDED TRAFFIC SIGNS, SIGNALS
 - 05 - EXCEEDED STATED SPEED LIMIT
 - 06 - RAN OFF ROAD
 - 07 - MADE AN IMPROPER TURN
 - 08 - WRONG SIDE OR WRONG WAY
 - 09 - FOLLOWED TOO CLOSELY
 - 10 - IMPROPER LANE CHANGE
 - 11 - IMPROPER BACKING OPERATION
 - 12 - IMPROPER PASSING
 - 13 - IMPROPER SIGNAL
 - 14 - IMPROPER PARKING
 - 15 - FELL ASLEEP, FAINTED, ETC.
 - 16 - DID NOT COMPLY WITH LICENSE RESTRICTION
 - 17 - HANDICAPPED
 - 18 - INATTENTION
 - 19 - OTHER
- ENVIRONMENT**
- 20 - SMOKE
 - 21 - FOG, SMOG
 - 22 - SLEET, RAIN
 - 23 - BLOWING SAND, SOIL, DIRT
 - 24 - SEVERE CROSSWINDS
 - 25 - RAIN, SNOW
 - 26 - SIGN OBSTRUCTION
 - 27 - VEGETATION OBSTRUCTION
 - 28 - SNOW BANK OBSTRUCTION
 - 29 - HILL OBSTRUCTION
 - 30 - BUILDING OBSTRUCTION
 - 31 - CURVE IN ROADWAY
 - 32 - ANIMAL IN ROADWAY
 - 39 - OTHER
- OTHER PERSON (NOT A DRIVER OR PASSENGER)**
- 40 - UNDER THE INFLUENCE OF ALCOHOL AND DRUGS
 - 41 - UNDER THE INFLUENCE OF DRUGS
 - 42 - UNDER THE INFLUENCE OF ALCOHOL
 - 43 - FAILED TO YIELD RIGHT OF WAY
 - 44 - DISREGARDED TRAFFIC CONTROL DEVICE
 - 45 - ILLEGALLY IN ROADWAY
 - 46 - BICYCLE VIOLATION
 - 47 - CLOTHING NOT VISIBLE
 - 48 - OTHER
- PASSENGER**
- 51 - PASSENGER UNDER THE INFLUENCE OF DRUGS
 - 52 - PASSENGER UNDER THE INFLUENCE OF ALCOHOL
 - 53 - PASSENGER OBSTRUCTED DRIVER'S VIEW
 - 54 - FELL OFF VEHICLE
 - 59 - OTHER
- ROAD**
- 61 - WET
 - 62 - Icy
 - 63 - SLURRY
 - 64 - DEBRIS
 - 65 - RUTS, HOLES, BUMPS
 - 66 - ROAD UNDER CONSTRUCTION/MAINTENANCE
 - 67 - WORK TRAVEL, POLISHED SURFACE
 - 68 - OBSTRUCTION
 - 69 - TRAFFIC CONTROL DEVICE INOPERATIVE
 - 70 - SHOULDER LOW, SOFT, OR HIGH
 - 79 - OTHER
- VEHICLE**
- 81 - BRAKE
 - 82 - STEERING
 - 83 - POWER PLANT
 - 84 - SUSPENSION
 - 85 - TIRES
 - 86 - EXHAUST
 - 87 - LIGHTS
 - 88 - SIGNALS
 - 89 - WINDSHIELD/WINDSHIELD
 - 90 - RESTRAINT SYSTEMS
 - 91 - WHEELS
 - 92 - TRUCK COUPLING
 - 93 - CARGO
 - 94 - FIRE
 - 95 - JACK KNOFFED
- OTHER**
- 99 - OTHER

#37, 38 VEHICLE MANUEVER

- TURNING MOVEMENTS**
- 30 - TURNING, DETAILS UNKNOWN
 - 31 - LEFT FROM LEFT TURN BAY
 - 32 - LEFT FROM LEFT (PROPER) LANE
 - 33 - LEFT FROM OTHER LANE, LEGAL
 - 34 - LEFT FROM OTHER LANE, ILLEGAL
 - 35 - LEFT FROM UNKNOWN LANE
 - 36 - U TURN
 - 37 - RIGHT FROM SPECIAL LANE
 - 38 - RIGHT FROM RIGHT (PROPER) LANE
 - 39 - RIGHT FROM OTHER LANE, LEGAL
 - 40 - RIGHT FROM OTHER LANE, ILLEGAL
 - 41 - RIGHT FROM UNKNOWN LANE
- ENTERING TRAFFIC LANE**
- 50 - ENTERING TRAFFIC LANE, DETAILS UNKNOWN
 - 51 - FROM ENTRANCE RAMP ON LEFT
 - 52 - FROM ENTRANCE RAMP ON RIGHT
 - 53 - FROM SHOULDER ON LEFT
 - 54 - FROM SHOULDER ON RIGHT
 - 55 - FROM PARKING SPACE AT LEFT CURB
 - 56 - FROM PARKING SPACE AT RIGHT CURB
 - 57 - FROM DRIVEWAY ON LEFT
 - 58 - FROM DRIVEWAY ON RIGHT
- LEAVING TRAFFIC LANE**
- 60 - LEAVING TRAFFIC LANE, DETAILS UNKNOWN
 - 61 - TO EXIT RAMP ON LEFT
 - 62 - TO EXIT RAMP ON RIGHT
 - 63 - TO SHOULDER ON LEFT

#35 AND 36 DRIVER INTENTIONS

- TRAFFIC UNIT MANEUVERING FOR TRAFFIC CONTROLS INTERSECTIONS OR RAILROAD CROSSINGS:**
- 00 - NO EXTERNAL CAUSE OF MANEUVER
 - 01 - TRAFFIC SIGNAL
 - 02 - STOP SIGN
 - 03 - YIELD SIGN
 - 04 - UNCONTROLLED INTERSECTION
 - 05 - CROSSWALK NOT AT INTERSECTION
 - 06 - POLICE OFFICER, SCHOOL CROSSING GUARD, ETC.
 - 07 - RAILROAD CROSSING
 - 08 - RAILROAD CROSSING FLASHER OR GATE
 - 09 - OTHER CONTROL
- TRAFFIC UNIT MANEUVERING OR AVOIDING SOMETHING IN ROADWAY:**
- 10 - PEDESTRIAN
 - 11 - PEDALCYCLE
 - 12 - OTHER ROAD VEHICLE (EXCEPT PEDALCYCLE)
 - 13 - OTHER VEHICLE
 - 14 - ANIMAL
 - 15 - FOREIGN OBJECT IN ROADWAY
 - 16 - WATER, ICE, SNOW, OR HAZARDOUS SUBSTANCE ON ROAD
 - 17 - ROAD DEFECT
 - 18 - ROAD MAINTENANCE OR CONSTRUCTION WORK
 - 19 - FIXED OBJECT OR STRUCTURE
 - 20 - FOG, SMOKE, OR DUST
 - 21 - PREVIOUS ACCIDENT
 - 22 - OTHER EVENT
 - 23 - CURVE IN ROADWAY
 - 24 - RESTRICTION IN ROADWAY WIDTH
 - 25 - CHANGE IN ROADWAY ALIGNMENT
 - 26 - SHOULDER
 - 27 - LOOSE GRAVEL IN ROADWAY
 - 28 - UNKNOWN OBJECT, EVENT, OR FEATURE
- TRAFFIC UNIT MANEUVER BECAUSE OF MECHANICAL FAILURE:**
- 29 - TIRE FAILURE
 - 30 - STEERING GEAR FAILURE
 - 31 - ENGINE FAILURE
 - 32 - WINDSHIELD WIPER FAILURE
 - 33 - LOAD SPILLED OR DROPPED
 - 34 - INVOLVED IN PREVIOUS ACCIDENT
 - 35 - OTHER FAILURE
- TRAFFIC UNIT MANEUVER FOR OWN INTENDED MOVEMENT:**
- 36 - MOVING STRAIGHT AHEAD IN PROPER DIRECTION, INCLUDING CURVES IN ROADWAY
 - 37 - MERGE WITH TRAFFIC ON LEFT
 - 38 - MERGE WITH TRAFFIC ON RIGHT
 - 39 - LEFT TURN
 - 40 - RIGHT TURN
 - 41 - U TURN
 - 42 - ENTER ROADWAY FROM ENTRANCE RAMP ON LEFT
 - 43 - ENTER ROADWAY FROM ENTRANCE RAMP ON RIGHT
 - 44 - ENTER ROADWAY FROM SHOULDER ON LEFT
 - 45 - ENTER ROADWAY FROM SHOULDER ON RIGHT
 - 46 - ENTER ROADWAY FROM PARKING AT LEFT CURB
 - 47 - ENTER ROADWAY FROM PARKING AT RIGHT CURB
 - 48 - LEAVE ROADWAY TO EXIT RAMP ON LEFT
 - 49 - LEAVE ROADWAY TO EXIT RAMP ON RIGHT
 - 50 - LEAVE ROADWAY TO SHOULDER ON LEFT
 - 51 - LEAVE ROADWAY TO SHOULDER ON RIGHT
 - 52 - LEAVE ROADWAY TO PARKING AT LEFT CURB
 - 53 - LEAVE ROADWAY TO PARKING ON RIGHT CURB
 - 54 - LEAVE ROADWAY TO DRIVEWAY ON LEFT
 - 55 - LEAVE ROADWAY TO DRIVEWAY ON RIGHT
 - 56 - BOARD OR DISCHARGE PASSENGER
 - 58 - BACKING
- TRAFFIC UNIT MANEUVER AROUND OTHER TRAFFIC UNIT(S):**
- 57 - OVERTAKING SUBJECT UNIT ON LEFT
 - 58 - OVERTAKING SUBJECT UNIT ON RIGHT
 - 59 - CHANGING LANES TO LEFT
 - 60 - CHANGING LANES TO RIGHT
 - 61 - MERGING FROM LEFT
 - 62 - MERGING FROM RIGHT
 - 63 - ON RIGHT SIDE OF ROADWAY
 - 64 - IN WRONG DIRECTION ON ONE WAY ROADWAY
 - 65 - SWERVING TO LEFT
 - 66 - SWERVING TO RIGHT
 - 67 - SLOWING OR STOPPING
 - 68 - STOPPED IN TRAFFIC
 - 69 - STOPPED TO BOARD OR DISCHARGE PASSENGER
 - 70 - SKIDDING, SPINNING, OR YAWING
 - 71 - JACK KNOFFING
 - 72 - TURNING LEFT FROM SAME DIRECTION
 - 73 - TURNING LEFT FROM OPPOSITE DIRECTION
 - 74 - MAKING U TURN
 - 75 - TURNING RIGHT FROM SAME DIRECTION
 - 76 - TURNING RIGHT FROM OPPOSITE DIRECTION
 - 77 - ENTERING ROADWAY FROM RAMP ON LEFT
 - 78 - ENTERING ROADWAY FROM RAMP ON RIGHT
 - 79 - ENTERING ROADWAY FROM ROADWAY ON LEFT

- 64 - TO SHOULDER ON RIGHT
 - 65 - TO PARKING SPACE AT LEFT CURB
 - 66 - TO PARKING SPACE AT RIGHT CURB
 - 67 - TO DRIVEWAY ON LEFT
 - 68 - TO DRIVEWAY ON RIGHT
- PARKING ON OR ADJACENT TO TRAFFIC LANE**
- 70 - PARKING, DETAILS UNKNOWN
 - 71 - ON LEFT SHOULDER
 - 72 - ON RIGHT SHOULDER
 - 73 - AT LEFT CURB
 - 74 - AT RIGHT CURB
 - 75 - IN TRAFFIC LANE ON LEFT (RURAL)
 - 76 - IN TRAFFIC LANE ON RIGHT (RURAL)
 - 77 - DOUBLE PARKED ON LEFT
 - 78 - DOUBLE PARKED ON RIGHT
- MISCELLANEOUS MOVEMENTS**
- 80 - OTHER MISCELLANEOUS, DETAILS UNKNOWN
 - 81 - BACKING IN ROADWAY
 - 82 - BACKING FROM ANGLE, PARKING ON LEFT
 - 83 - BACKING FROM ANGLE, PARKING ON RIGHT
 - 84 - BACKING ACROSS TRAFFIC
 - 85 - BACKING ON SHOULDER
 - 86 - VEHICLE PUSHED BY OTHER VEHICLE
 - 87 - VEHICLE PUSHED BY PEDESTRIAN
 - 88 - DRIVERLESS VEHICLE IN MOTION
 - 89 - NOT IN MOTION (PARKED, ABANDONED, OR STANDING)
 - 99 - UNKNOWN

1 **076-10-530-5/93** Mail To: Dept of Transportation, Accident Records Program, 118 W. Capitol Ave., Pierre, S.D. 57601-9935

2 **STATE OF SOUTH DAKOTA INVESTIGATOR'S MOTOR VEHICLE TRAFFIC ACCIDENT REPORT**

3 Date of Accident MO. DA. YR. And Time 24 Hour Clock Day of Week - Check one ☐ Sun. ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Unk. DAY

4 County _____ City Accident Occurred In/ _____ Or Indicate Rural _____

5 ☐ Miles & Tenths N S E W ☐ Feet ☐ of MRM (Milepost) _____ Displacement _____ Systems _____

6 (1st) _____ Miles & Tenths ☐ ☐ ☐ ☐ of Junction or City Limits } of _____ x _____

7 (2nd) _____ Miles & Tenths ☐ ☐ ☐ ☐ } of _____ y _____

8 (3rd) _____ Miles & Tenths ☐ ☐ ☐ ☐ } of _____

9 Road on Which Accident Occurred _____

10 At Its Intersection With _____ Class _____ Hwy No _____ Suffix _____

11 If Not At Intersection _____ Feet N S E W of _____ (Show Nearest Intersecting Street)

12 **UNIT 1** ☐ - MOTOR VEHICLE ☐ - PEDESTRIAN ☐ - BICYCLE DR. ☐ - OTHER _____ **UNIT 2** ☐ - MOTOR VEHICLE ☐ - PEDESTRIAN ☐ - BICYCLE DR. ☐ - OTHER _____

13 Full Name (Last, First, Middle) _____ Full Name (Last, First, Middle) _____

14 Address _____ City _____ State _____ Address _____ City _____ State _____

15 Date Of Birth MO DA YR Driver's License Number _____ Date Of Birth MO DA YR Driver's License Number _____

16 State Of Lic. _____ List Restriction(s) Not Complied With ☐ None or NA State Of Lic. _____ List Restriction(s) Not Complied With ☐ None or NA

17 Offense(s) Charged ☐ Yes ☐ No ☐ Pending Offense(s) Charged ☐ Yes ☐ No ☐ Pending

18 Owner's Full Name ☐ Check If Same As Driver Owner's Full Name ☐ Check If Same As Driver

19 Address _____ City _____ State _____ Address _____ City _____ State _____

20 Model Yr. _____ Make _____ Model _____ Model Yr. _____ Make _____ Model _____

21 Vehicle Registration Plate No. _____ Plate Yr. _____ State _____ Vehicle Registration Plate No. _____ Plate Yr. _____ State _____

22 Vehicle Identification No. (VIN) _____ No. Of Occupants _____ Vehicle Identification No. (VIN) _____ No. Of Occupants _____

23 Trailer Owner's Full Name ☐ No Trailer Trailer Owner's Full Name ☐ No Trailer

24 Address _____ City _____ State _____ Address _____ City _____ State _____

25 Trailer Registration Plate No. _____ Plate Yr. _____ State _____ Trailer Registration Plate No. _____ Plate Yr. _____ State _____

26 **LIST INJURED PASSENGERS ONLY**

UNIT NO	OFF-ICE USE	AGE	SEX	EJECTION	INJURY	LOCATION	SAFETY EQ
UNIT 1 - <input type="checkbox"/> - MV DRIVER <input type="checkbox"/> - PEDESTRIAN <input type="checkbox"/> - BICYCLE DR. <input type="checkbox"/> - OTHER							
UNIT 2 - <input type="checkbox"/> - MV DRIVER <input type="checkbox"/> - PEDESTRIAN <input type="checkbox"/> - BICYCLE DR. <input type="checkbox"/> - OTHER							
Name, (Last, First, M.I.)	Address						
Name, (Last, First, M.I.)	Address						
Name, (Last, First, M.I.)	Address						
Name, (Last, First, M.I.)	Address						

27 **OFFICE USE ONLY**

28 **ACCIDENT NUMBER - OFFICE USE ONLY**

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332

333

334

FRONT SIDE

DPS-HS-521-1/83

South Dakota

1

RELATION TO JUNCTION

0=None Junction
1=Intersection
2=Intersection Related
3=Interchange Area
4=Driveway Access
5=Rail Grade Crossing
6=Crossover Related
9=Unknown

2

RELATION TO ROADWAY

1=On Roadway
2=Shoulder
3=Median
4=Roadside
5=Outside of Right-of-way
6=Off Roadway - Location Unknown
7=In Parking Zone
9=Unknown

3

CHARACTER OF ROADWAY

1=Straight Road - Level
2=Straight Road - Hillcrest
3=Straight Road - On Grade
4=Curve - Level
5=Curve - Hillcrest
6=Curve - On Grade
9=Unknown

4

ROADWAY FLOW

1=Not Physically Divided
2=Divided, Median Strip
3=Divided, Physical Barrier
4=One-Way Trafficway
9=Unknown

5

TRAFFIC CONTROL DEVICE TYPE

0=None Controls
1=Stop Sign
2=Yield Sign
3=Traffic Control Signal
4=Flashing Signal
5=RR Crossing Signal
6=RR Crossbucks/Pavement Markings/Signs
7=Other
9=Unknown

6

SPECIAL LOCATION

0=None Special Location
1=Bridge - Veh. Traveling Over
2=Bridge - Veh. Traveling Under
3=Railroad Crossing
4=Entrance or Exit Ramp
9=Unknown

7

LIGHT CONDITIONS

1=Daylight
2=Dawn
3=Dusk
4=Dark - Lighted
5=Dark - Not Lighted
6=Dark - Lighting Unknown
9=Unknown

8

WEATHER CONDITIONS

1=Clear
2=Cloudy
3=Raining
4=Sleet, Hail, Freezing Rain
5=Snowing
6=Fog, Smoke
7=Dust Storm
9=Other *
99=Unknown

9

ROADWAY SURFACE CONDITION

1=Dry
2=Wet
3=Ice
4=Frost
5=Slush
6=Snow
7=Mud
97=Other *
99=Unknown

10

ROADWAY SURFACE TYPE

1=Concrete
2=Blacktop
3=Gravel
4=Dirt
7=Other
9=Unknown

11

SCHOOL BUS INVOLVED ACCIDENT

0=None Involvement
1=School Bus Involved
9=Unknown

12

OBJECTS HIT Code up to 2, enter 0 in unused boxes. Start with top box.

0=None Objects Hit
1=Building
2=Culvert
3=Mailbox
4=Curb
5=Wall
6=Median Divider
7=Embankment
8=Approach
9=Fence
10=Guardrail
11=Light Pole
12=Sign Post
13=Utility Pole
14=Delinestor Post
15=Impact Attenuator
16=Bridge - Veh. Traveling Over
17=Bridge - Veh. Traveling Under
18=Tree/Shrubbery
19=Rock
20=Barricade
21=Animal - Wild (Deer, Antelope)
22=Animal - Domestic (Cow, Horse, Hog)
97=Other *
99=Unknown

13

CONTRIBUTING CIRCUMSTANCES ACCIDENT LEVEL - VISION OBSCUREMENT

Code up to 2, enter 0 in unused boxes. Start with top box.

0=None
1=Fog, Smoke
2=Blowing Soil, Dirt, Sand
3=Rain, Snow, Sleet, Hail
4=Windshield or Other Window Obscured by Frost, Snow, Mud, etc.
5=Glare From Sun, Lights, Reflection
6=Trees, Crops, Bushes, Other Vegetation
7=Snowbank
8=Hill
9=Curve
10=Motor Vehicle (Including Load) Not parked
11=Motor Vehicle (Including Load) Parked
12=Buildings
13=Signs, Billboards, etc.
97=Other *
99=Unknown

14

CONTRIBUTING CIRCUMSTANCES ACCIDENT LEVEL - OTHER

Code up to 2, enter 0 in unused boxes. Start with top box.

0=None
1=Crosswind
2=Wind from Passing Vehicle
3=Slippery Surface
4=Shoulder (High, Low, Soft)
5=Debris, Objects, Animals or Vehicles in Road
6=Ruts, Holes, Bumps in the Road
7=Phantom Vehicle in Road
8=Pedestrians, Bicyclists, Other Non-occupants in Road
9=Construction or Maintenance Created Conditions
10=Traffic Control Device Malfunction or Missing
97=Other *
99=Unknown

15

CONSTRUCTION MAINTENANCE ZONE

0=None
1=Construction Zone
2=Maintenance Zone
9=Unknown

16

HAZARDOUS MATERIALS SPILLED

0=None Spill
1=Material Spilled *
9=Unknown

17

AGENCY FILING REPORT

1=Highway Patrol
2=Sheriff Department
3=Municipal / City Police
4=BIA
5=Tribal Police
7=Other *

18

ON SCENE/OFF SCENE

1=On Scene One or More Accident Vehicle(s) Present
2=On Scene Accident Vehicle(s) Not Present
3=Off Scene

* SPECIFY IN NARRATIVE

LOCATION PRIOR TO IMPACT

For Occupants
1 2 3
4 5 6
7 8 9
10=Front Seat Other
11=Second Seat Other
12=Third Seat Other
13=Sleeping Section of Cab (Truck)
14=Riding on Exterior of Vehicle
15=Other Passenger (Bus, etc.)
16=Motorcycle or Bicycle Passenger
99=Unknown

For Pedestrians
1=In Intersection
2=In Crosswalk
3=Nonintersection - In Roadway
4=Nonintersection - Shoulder or Parking Zone
5=Nonintersection - Other
99=Unknown

SAFETY EQUIPMENT

0=None Safety Equipment Used
1=Lap Belt Only Used
2=Shoulder Harness Only Used
3=Lap Belt and Shoulder Harness Used
4=Helmet Only
5=Eye Protection Only
6=Helmet and Eye Protection
7=Child/Youth Restraint System Used Properly
8=Child/Youth Restraint System Used, But Not Properly
97=Other *
99=Unknown

AGE

0=Infants Under 1 Year Old
1=96=Enter Actual Age
97=97 or Older
99=Unknown

SEX

1=Male
2=Female
9=Unknown

EJECTION

0=Not Appl. - Ped., Bicycle, Motorcycle
1=Not Ejected
2=Partial Ejection
3=Total Ejection
9=Unknown

INJURY CLASS

0=None Injury
1=Fatal
2=Incapacitating Injury
3=Nonincapacitating Injury
4=Possible Injury

BACK SIDE

A **ALCOHOL/DRUG INVOLVEMENT**
 0=None
 1=Alcohol Only
 2=Drugs Only
 3=Alcohol and Drugs
 9=Unknown

B **BAC TEST RESULTS**
 Actual BAC
 94=Test Refused
 95=No Test Given
 96=BAC Test Given but Sample Unusable
 97=BAC Test Given but Results Unobtainable at Time Report Filed
 99=Unknown

C **DRIVER LICENSE STATUS**
 1=Valid License for this Type of Vehicle
 2=Restricted Permit
 3=Instruction Permit
 4=Licensed but Not for this Type of Vehicle
 5=Expired License
 6=Suspended/Revoked License
 7=No License Required
 8=No License
 97=Other
 99=Unknown

D **DRIVER LICENSE RESTRICTIONS COMPLIANCE**
 0=No Restrictions - Does Not Apply
 1=All Restrictions Complied With
 2=Restrictions Not Complied With
 3=No Driver License
 9=Unknown

E **CONTRIBUTING CIRCUMSTANCES - DRIVER, BICYCLIST or PED.**
 Code up to 3, enter 0 in unused boxes.
 Start with top box.
 0=None
 1=Exceeded Speed Limit
 2=Exceeded Safe Speed but Not Limit
 3=Driving Under Posted Minimum Speed
 4=Failed to Yield to Pedestrian
 5=Failed to Yield to Vehicle
 6=Failed to Stop for Stop Sign or Flashing Red
 7=Disregarded Stop and Go Signal
 8=Disregarded Other Traffic Control Device Sign
 9=Improper Signal or Failure to Signal
 10=Turning from Wrong Lane
 11=Improper Turn
 12=Improper Lane Change
 13=Following too Closely
 14=Wrong Side of Road
 15=Improper Passing
 16=Improper Start from Parked Position
 17=Improper Parking
 18=Improper Backing
 19=Failure to Comply with License Restrictions
 20=Distracted by Object, Person(s) Inside Car
 21=Drinking
 22=Drugs - Medication
 23=Drugs - Other
 24=Fell Asleep
 25=Illness (Heart Attack, Stroke, etc.)
 26=Physical Impairment
 27=Illegally in Roadway
 28=Clothing not Visible - PED. USE ONLY
 97=Other
 99=Unknown

F **PEDESTRIAN ACTION**
 1=Entered or Crossing Road
 2=Walking with Traffic
 3=Walking against Traffic
 4=Approaching or Leaving a Motor Vehicle
 5=Working on Vehicle
 6=Other Working
 7=Standing
 8=Lying
 97=Other
 99=Unknown

G **VEHICLE TYPE/BODY STYLE**
 1=2 Wheel Drive Passenger Car
 2=4 Wheel Drive Passenger Car
 3=2 Wheel Drive All Purpose Vehicle (Bronco, Blazer, Scout, etc.)
 4=4 Wheel Drive All Purpose Vehicle (Bronco, Blazer, Scout, Jeep C.J., etc.)
 5=2 Wheel Drive Truck Based Station Wagon (Suburban, Traveler, etc.)
 6=4 Wheel Drive Truck Based Station Wagon (Suburban, Traveler, etc.)
 7=2 Wheel Drive Pickup
 8=4 Wheel Drive Pickup
 9=2 Wheel Drive Pickup with Camper
 10=4 Wheel Drive Pickup with Camper
 11=Van
 12=Bus
 13=Straight Truck
 14=Straight Truck with Trailer
 15=Truck Tractor Only
 16=Truck Tractor with Single Semitrailer
 17=Truck Tractor with Two or More Trailers
 18=Motor Home
 19=Moped
 20=Motorcycle
 21=Snowmobile
 22=Farm Machinery
 23=Heavy Equipment
 97=Other
 99=Unknown

H **HIT AND RUN**
 0=No Hit and Run
 1=Hit and Run
 9=Unknown

I **FIRE OCCURRENCE**
 0=No Fire
 1=Fire Before Accident
 2=Fire as a Result of Accident
 9=Unknown

J **VEHICLE MANEUVER**
 1= Straight Ahead
 2= Turning Right
 3= Turning Left
 4= Making U-Turn
 5= Backing
 6= Passing
 7= Parked Properly
 8= Parked Improperly
 9= Parking Maneuvers
 10= Immobile from Previous Accident
 11= Stopped in Traffic
 12= Entering Roadway from Parking Zone
 97= Other
 99= Unknown

K **VEHICLE DAMAGE SEVERITY**
 0=No Damage to Motor Vehicle
 1=Disabling Damage to Motor Vehicle
 2=Functional Damage to Motor Vehicle
 3=Other Damage to Motor Vehicle
 9=Unknown

L **CONTRIBUTING CIRCUMSTANCES - VEHICLE**
 Code up to 2 per vehicle, enter 0 in unused boxes.
 Start with top box.
 0=None
 1=Brakes
 2=Steering
 3=Power Train
 4=Suspension
 5=Tires
 6=Exhaust
 7=Headlights
 8=Signal Lights
 9=Tailights
 10=Horn
 11=Windows/Windshield
 12=Wheels
 13=Truck Coupling/Trailer Hitch Safety Chains
 14=Cargo
 15=Fuel System
 16=Mirrors
 17=Wipers
 18=Body, Doors, Hood
 97=Other
 99=Unknown

M **TRAILER TYPE/ATTACHMENT**
 0=No Trailer/Attachment
 1=Semitrailer - Single
 2=Semitrailer - Two or More
 3=Mobile Home
 4=Camping Trailer
 5=Utility Trailer - 1 Axle
 6=Utility Trailer - 2 Axles
 7=Farm Trailer (Gravity Box, Hay Rack, Etc.)
 8=Boat Trailer
 9=Horse Trailer
 10=Towed Motor Vehicle
 11=Farm Equipment (Disk, Plow, Etc.)
 97=Other
 99=Unknown

*** SPECIFY IN NARRATIVE**

TENNESSEE UNIFORM TRAFFIC ACCIDENT REPORT

PAGE 1 of

Tennessee

DOCUMENT CONTROL NUMBER (DO NOT USE)				LOCAL AGENCY USE				REFERENCE NUMBER 2917552			
REPORTING AGENCY 1 <input type="checkbox"/> THP 2 <input type="checkbox"/> CPD 3 <input type="checkbox"/> SO 4 <input type="checkbox"/> OTHER				NAME OF INVESTIGATING AGENCY				HIT AND RUN? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO			
DATE OF ACCIDENT MO. DAY YR.				DAY OF ACCIDENT SUN M T W THU F S				TIME OF ACCIDENT 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM			
POLICE NOTIFIED 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM				POLICE ARRIVED 1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM				INVESTIGATION COMPLETE? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO			
TYPE ACCIDENT 1 <input type="checkbox"/> FATAL 2 <input type="checkbox"/> INJURY 3 <input type="checkbox"/> PROPERTY DAMAGE				TOTAL VEHICLES				TOTAL KILLED			
TOTAL INJURED				TOTAL UNINJURED				PHOTOS TAKEN? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO			
IF YES, BY WHOM? POLICE <input type="checkbox"/> OTHER <input type="checkbox"/>											
COUNTY:				CODE <input type="checkbox"/> IN ("X" IF INSIDE CITY LIMITS)				CODE 1 <input type="checkbox"/> URBAN 2 <input type="checkbox"/> RURAL 3 <input type="checkbox"/> BUSINESS 4 <input type="checkbox"/> RESIDENTIAL 5 <input type="checkbox"/> SCHOOL			
OCCURRED ON: STREET, HWY. NAME, OR ROUTE NUMBER				SR. NO.				AT INTERSECTION WITH: SR. NO.			
OR: NEAREST INTERSECTION, BRIDGE, RR CROSSING (HOUSE NO. - CITY ONLY)				FEET <input type="checkbox"/> N <input type="checkbox"/> E OR MILES <input type="checkbox"/> S <input type="checkbox"/> W				MILE POST FEET <input type="checkbox"/> N <input type="checkbox"/> E OR MILES <input type="checkbox"/> S <input type="checkbox"/> W			
0 <input type="checkbox"/> NON-INTERSECTION 3 <input type="checkbox"/> BRIDGE 4 <input type="checkbox"/> UNDERPASS				5 <input type="checkbox"/> RAMP 6 <input type="checkbox"/> PRIVATE PROPERTY				TENN. DEPT. OF TRANSPORTATION USE ONLY			
1 <input type="checkbox"/> INTERSECTION 2 <input type="checkbox"/> RR-XING GRADE XING NO.				CO. NO. ROUTE NUMBER SPC CASE CO. SEQ. LOG MILE LOC FXOB							
VEH. 1				YEAR MAKE MODEL COLOR				BODY TYPE BODY CODE VIN			
LICENSE PLATE NO. STATE YEAR				VEH. PULLING TRAILER? TRAILER CODE				VEH. DISABLED? VEH. TOWED? IF TOWED, WHERE?			
1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO				1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO				1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO			
VEHICLE GOING <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W ON:				POSTED SPEED				OFFICER'S ESTIMATED AMOUNT OF DAMAGE 1 <input type="checkbox"/> UNDER \$400 3 <input type="checkbox"/> OVER \$400			
DRIVER'S FIRST NAME MI LAST				DOB: MO. DAY YR.				DRIVER LICENSE NO. STATE			
DRIVER'S ADDRESS CITY STATE ZIP				TELEPHONE NUMBER				"X" POINT OF INITIAL IMPACT (Shade Damaged Areas)			
LICENSE CLASS/TYPE ENDORSEMENT CODE(S)				ENDORSEMENT COMPLIED WITH? RESTRICTION CODE(S)				RESTRICTIONS COMPLIED WITH? SEX RACE DRIVER RESIDENCE			
1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO				1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO				1 <input type="checkbox"/> M 1 <input type="checkbox"/> WHITE 1 <input type="checkbox"/> LESS 25 MI. 2 <input type="checkbox"/> F 2 <input type="checkbox"/> BLACK 2 <input type="checkbox"/> OVER 25 MI. 3 <input type="checkbox"/> OTHER 3 <input type="checkbox"/> OUT OF STATE			
OWNER'S NAME FIRST MI LAST				DOB: MO. DAY YR.				DRIVER LICENSE NO. STATE			
SAME AS DRIVER <input type="checkbox"/>				CITY STATE ZIP				TELEPHONE NO.			
OWNER'S ADDRESS CITY STATE ZIP				TELEPHONE NO.				SPECIAL VEHICLE USAGE (Enter Code) CMV <input type="checkbox"/> YES <input type="checkbox"/> NO			
VEH. 2				YEAR MAKE MODEL COLOR				BODY TYPE BODY CODE VIN			
LICENSE PLATE NO. STATE YEAR				VEH. PULLING TRAILER? TRAILER CODE				VEH. DISABLED? VEH. TOWED? IF TOWED, WHERE?			
1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO				1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO				1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO			
VEHICLE GOING <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W ON:				POSTED SPEED				OFFICER'S ESTIMATED AMOUNT OF DAMAGE 1 <input type="checkbox"/> UNDER \$400 3 <input type="checkbox"/> OVER \$400			
DRIVER'S FIRST NAME MI LAST				DOB: MO. DAY YR.				DRIVER LICENSE NO. STATE			
DRIVER'S ADDRESS CITY STATE ZIP				TELEPHONE NUMBER				"X" POINT OF INITIAL IMPACT (Shade Damaged Areas)			
LICENSE CLASS/TYPE ENDORSEMENT CODE(S)				ENDORSEMENT COMPLIED WITH? RESTRICTION CODE(S)				RESTRICTIONS COMPLIED WITH? SEX RACE DRIVER RESIDENCE			
1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO				1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO				1 <input type="checkbox"/> M 1 <input type="checkbox"/> WHITE 1 <input type="checkbox"/> LESS 25 MI. 2 <input type="checkbox"/> F 2 <input type="checkbox"/> BLACK 2 <input type="checkbox"/> OVER 25 MI. 3 <input type="checkbox"/> OTHER 3 <input type="checkbox"/> OUT OF STATE			
OWNER'S NAME FIRST MI LAST				DOB: MO. DAY YR.				DRIVER LICENSE NO. STATE			
SAME AS DRIVER <input type="checkbox"/>				CITY STATE ZIP				TELEPHONE NO.			
OWNER'S ADDRESS CITY STATE ZIP				TELEPHONE NO.				SPECIAL VEHICLE USAGE (Enter Code) CMV <input type="checkbox"/> YES <input type="checkbox"/> NO			
CITATIONS ISSUED? <input type="checkbox"/> YES 2 <input type="checkbox"/> NO				DRIVER NO. COURT DIV. COURT DATE				DRIVER NO. COURT DIV. COURT DATE			
CHARGES CITATION NO.				CHARGES CITATION NO.				CHARGES CITATION NO.			
INVESTIGATING OFFICER RANK & NAME (Print Name)				BADGE/D NO. DIST/ZONE CAR. NO.				MO. REPORT DATE DAY YR.			

TF-0394 (5-91)

RDA 1348

Original size document - 8-1/2 X 11

DOCUMENT CONTROL NUMBER (DO NOT USE)

LOCAL AGENCY USE

REFERENCE NUMBER

2917552

Tennessee

VEH NO.	NAME	ADDRESS SAME AS: (<input type="checkbox"/> DRIVER / <input type="checkbox"/> OWNER) OF VEHICLE	OR	TAKEN TO	BY	MEDICAL FACILITY (AMBULANCE SERVICE NAME OR PRIVATE PARTY)	Age	Sex	Injury Code	Seating Position	Ejected	Seat Belt	Helmet	ALCOHOL	DRUGS	
														Test Result Refused	Test Result Refused	
<input type="checkbox"/> 1 DRIVER							M	0			YES	YES	YES	YES	YES	POS
<input type="checkbox"/> 2 PASSENGER							M	1								
<input type="checkbox"/> 3 PEDESTRIAN							F	2			NO	NO	NO	NO	NO	NEG
								3								
								4								
<input type="checkbox"/> 1 DRIVER							M	0			YES	YES	YES	YES	YES	POS
<input type="checkbox"/> 2 PASSENGER							M	1								
<input type="checkbox"/> 3 PEDESTRIAN							F	2			NO	NO	NO	NO	NO	NEG
								3								
								4								
<input type="checkbox"/> 1 DRIVER							M	0			YES	YES	YES	YES	YES	POS
<input type="checkbox"/> 2 PASSENGER							M	1								
<input type="checkbox"/> 3 PEDESTRIAN							F	2			NO	NO	NO	NO	NO	NEG
								3								
								4								
<input type="checkbox"/> 1 DRIVER							M	0			YES	YES	YES	YES	YES	POS
<input type="checkbox"/> 2 PASSENGER							M	1								
<input type="checkbox"/> 3 PEDESTRIAN							F	2			NO	NO	NO	NO	NO	NEG
								3								
								4								
<input type="checkbox"/> 1 DRIVER							M	0			YES	YES	YES	YES	YES	POS
<input type="checkbox"/> 2 PASSENGER							M	1								
<input type="checkbox"/> 3 PEDESTRIAN							F	2			NO	NO	NO	NO	NO	NEG
								3								
								4								
<input type="checkbox"/> 1 DRIVER							M	0			YES	YES	YES	YES	YES	POS
<input type="checkbox"/> 2 PASSENGER							M	1								
<input type="checkbox"/> 3 PEDESTRIAN							F	2			NO	NO	NO	NO	NO	NEG
								3								
								4								
<input type="checkbox"/> 1 DRIVER							M	0			YES	YES	YES	YES	YES	POS
<input type="checkbox"/> 2 PASSENGER							M	1								
<input type="checkbox"/> 3 PEDESTRIAN							F	2			NO	NO	NO	NO	NO	NEG
								3								
								4								

LIST BELOW ALL CHILD PASSENGERS UNDER FOUR (4) YEARS OF AGE

VEH NO.	NAME	ADDRESS SAME AS: (<input type="checkbox"/> DRIVER / <input type="checkbox"/> OWNER) OF VEHICLE	OR	TAKEN TO	BY	MEDICAL FACILITY (AMBULANCE SERVICE NAME OR PRIVATE PARTY)	Age	Sex	Injury Code	Seating Position	Ejected	Seat Belt	Helmet	CHILD RESTRAINT DEVICE
														Available Used Used Properly
							Yrs. M	0			YES	YES	YES	YES
								1						YES
								2						YES
							Mos. F	3			NO	NO	NO	NO
								4						NO
							Yrs. M	0			YES	YES	YES	YES
								1						YES
								2						YES
							Mos. F	3			NO	NO	NO	NO
								4						NO
							Yrs. M	0			YES	YES	YES	YES
								1						YES
								2						YES
							Mos. F	3			NO	NO	NO	NO
								4						NO

WITNESSES

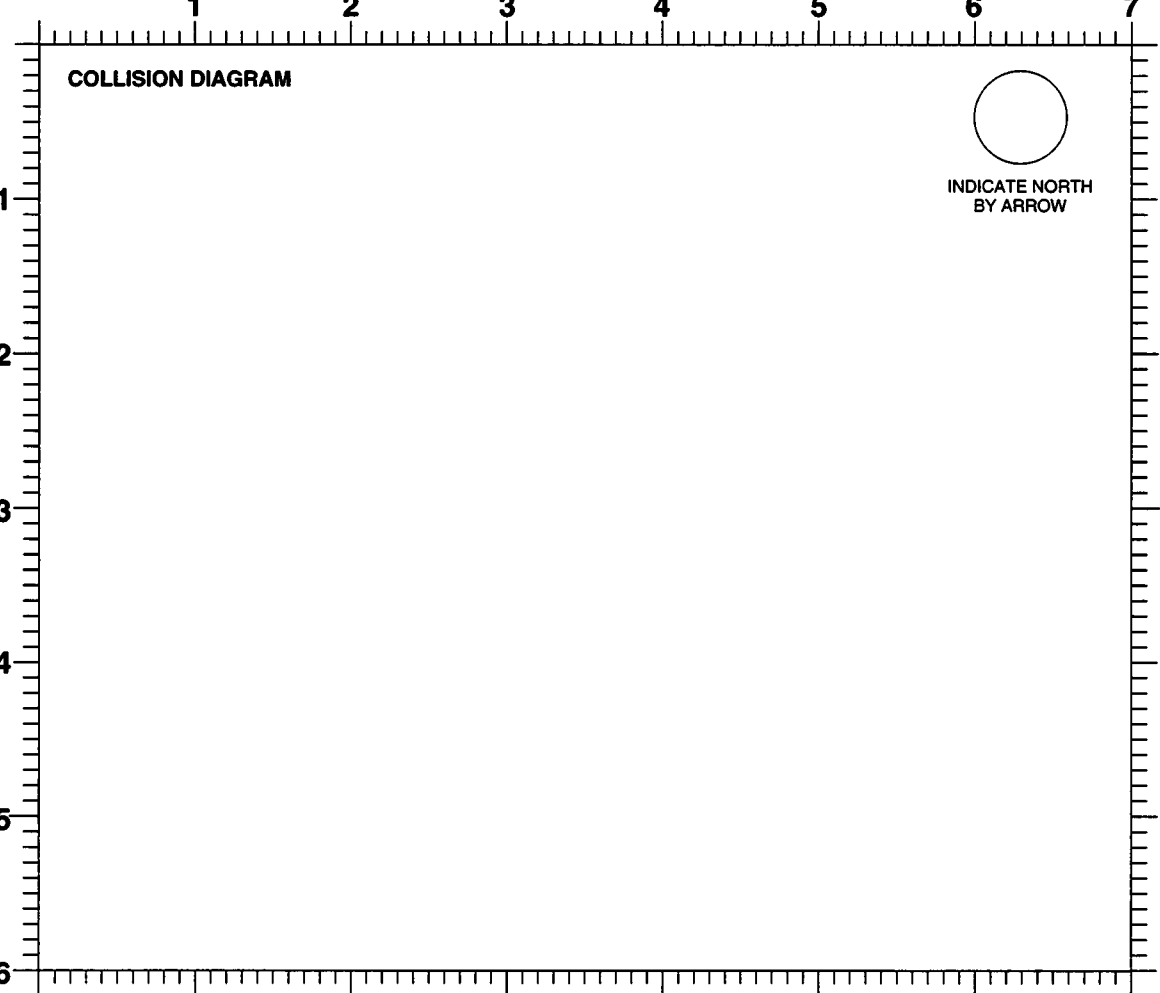
(1) Name _____ Age _____ Race _____ Sex _____
 Address _____ (Business Phone) _____ (Residence Phone) _____

(2) Name _____ Age _____ Race _____ Sex _____
 Address _____ (Business Phone) _____ (Residence Phone) _____

(3) Name _____ Age _____ Race _____ Sex _____
 Address _____ (Business Phone) _____ (Residence Phone) _____

DOCUMENT CONTROL NUMBER (DO NOT USE)	LOCAL AGENCY USE	REFERENCE NUMBER 2917552
--------------------------------------	------------------	------------------------------------

DESCRIBE WHAT HAPPENED: _____

	1	2	3	4	5	6	7	
1	<p>COLLISION DIAGRAM</p>  <p>INDICATE NORTH BY ARROW</p>							1
2								
3								
4								
5								
6								
	1	2	3	4	5	6	7	

INVESTIGATOR'S SIGNATURE _____ DATE _____

REPORT REVIEWED BY: _____ DATE _____

TENNESSEE UNIFORM TRAFFIC ACCIDENT REPORT—VEHICLE SUPPLEMENT

PAGE ____ of ____

Tennessee

DO NOT USE THIS BLOCK		DOCUMENT CONTROL NUMBER (DO NOT USE)				LOCAL AGENCY USE		REFERENCE NUMBER	
REPORTING AGENCY 1 <input type="checkbox"/> THP 3 <input type="checkbox"/> SO 2 <input type="checkbox"/> CPD 4 <input type="checkbox"/> OTHER		NAME OF INVESTIGATING AGENCY				COUNTY:		CODE	
						DATE OF ACCIDENT MO. DAY YR.			
VEH.	YEAR	MAKE	MODEL	COLOR	BODY TYPE	BODY CODE	VIN		
LICENSE PLATE NO.	STATE	YEAR	VEH. PULLING TRAILER? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	TRAILER CODE	VEH. DISABLED? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	VEH. TOWED? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	IF TOWED, WHERE?		
VEHICLE GOING ON: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W					OFFICER'S ESTIMATED AMOUNT OF DAMAGE 1 <input type="checkbox"/> UNDER \$400 3 <input type="checkbox"/> OVER \$400				
DRIVER'S FIRST NAME		MI	LAST		DOB: MO. DAY YR.	DRIVER LICENSE NO.		STATE	
DRIVER'S ADDRESS		CITY		STATE	ZIP	TELEPHONE NO.			
LICENSE CLASS/TYPE	ENDORSEMENT CODE(S)	RESTRICTION CODE(S)	RESTRICTIONS COMPLIED WITH? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	SEX 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	RACE 1 <input type="checkbox"/> WHITE 2 <input type="checkbox"/> BLACK 3 <input type="checkbox"/> OTHER	DRIVER RESIDENCE 1 <input type="checkbox"/> LESS 25 MI. 2 <input type="checkbox"/> OVER 25 MI.		3 <input type="checkbox"/> OUT OF STATE	
OWNER'S <input type="checkbox"/> FIRST NAME SAME AS DRIVER	MI	LAST		DOB: MO. DAY YR.	DRIVER LICENSE NO.		STATE		
OWNER'S ADDRESS		CITY		STATE	ZIP	TELEPHONE NO.			
								"X" POINT OF INITIAL IMPACT (Shade Damaged Areas) 	
								SPECIAL VEHICLE USAGE (Enter Code) CMV <input type="checkbox"/> YES <input type="checkbox"/> NO	

VEH.	YEAR	MAKE	MODEL	COLOR	BODY TYPE	BODY CODE	VIN		
LICENSE PLATE NO.	STATE	YEAR	VEH. PULLING TRAILER? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	TRAILER CODE	VEH. DISABLED? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	VEH. TOWED? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	IF TOWED, WHERE?		
VEHICLE GOING ON: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W					OFFICER'S ESTIMATED AMOUNT OF DAMAGE 1 <input type="checkbox"/> UNDER \$400 3 <input type="checkbox"/> OVER \$400				
DRIVER'S FIRST NAME		MI	LAST		DOB: MO. DAY YR.	DRIVER LICENSE NO.		STATE	
DRIVER'S ADDRESS		CITY		STATE	ZIP	TELEPHONE NO.			
LICENSE CLASS/TYPE	ENDORSEMENT CODE(S)	RESTRICTION CODE(S)	RESTRICTIONS COMPLIED WITH? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	SEX 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	RACE 1 <input type="checkbox"/> WHITE 2 <input type="checkbox"/> BLACK 3 <input type="checkbox"/> OTHER	DRIVER RESIDENCE 1 <input type="checkbox"/> LESS 25 MI. 2 <input type="checkbox"/> OVER 25 MI.		3 <input type="checkbox"/> OUT OF STATE	
OWNER'S <input type="checkbox"/> FIRST NAME SAME AS DRIVER	MI	LAST		DOB: MO. DAY YR.	DRIVER LICENSE NO.		STATE		
OWNER'S ADDRESS		CITY		STATE	ZIP	TELEPHONE NO.			
								"X" POINT OF INITIAL IMPACT (Shade Damaged Areas) 	
								SPECIAL VEHICLE USAGE (Enter Code) CMV <input type="checkbox"/> YES <input type="checkbox"/> NO	


VEH.	YEAR	MAKE	MODEL	COLOR	BODY TYPE	BODY CODE	VIN		
LICENSE PLATE NO.	STATE	YEAR	VEH. PULLING TRAILER? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	TRAILER CODE	VEH. DISABLED? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	VEH. TOWED? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	IF TOWED, WHERE?		
VEHICLE GOING ON: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W					OFFICER'S ESTIMATED AMOUNT OF DAMAGE 1 <input type="checkbox"/> UNDER \$400 3 <input type="checkbox"/> OVER \$400				
DRIVER'S FIRST NAME		MI	LAST		DOB: MO. DAY YR.	DRIVER LICENSE NO.		STATE	
DRIVER'S ADDRESS		CITY		STATE	ZIP	TELEPHONE NO.			
LICENSE CLASS/TYPE	ENDORSEMENT CODE(S)	RESTRICTION CODE(S)	RESTRICTIONS COMPLIED WITH? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	SEX 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	RACE 1 <input type="checkbox"/> WHITE 2 <input type="checkbox"/> BLACK 3 <input type="checkbox"/> OTHER	DRIVER RESIDENCE 1 <input type="checkbox"/> LESS 25 MI. 2 <input type="checkbox"/> OVER 25 MI.		3 <input type="checkbox"/> OUT OF STATE	
OWNER'S <input type="checkbox"/> FIRST NAME SAME AS DRIVER	MI	LAST		DOB: MO. DAY YR.	DRIVER LICENSE NO.		STATE		
OWNER'S ADDRESS		CITY		STATE	ZIP	TELEPHONE NO.			
								"X" POINT OF INITIAL IMPACT (Shade Damaged Areas) 	
								SPECIAL VEHICLE USAGE (Enter Code) CMV <input type="checkbox"/> YES <input type="checkbox"/> NO	

INVESTIGATING OFFICER RANK & NAME (Print Name)					BADGE/ID NO.	DIST./ZONE	CAR. NO.	REPORT DATE MO. DAY YR.
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SF-0397 (2-80)

RDA 1348

Original size document - 8-1/2 X 11

VEH.	YEAR	MAKE	MODEL	COLOR	BODY TYPE	BODY CODE	VIN	
LICENSE PLATE NO.		STATE	YEAR	VEH. PULLING TRAILER? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	TRAILER CODE	VEH. DISABLED? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	VEH. TOWED? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	IF TOWED, WHERE?
VEHICLE GOING ON: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W					OFFICER'S ESTIMATED AMOUNT OF DAMAGE 1 <input type="checkbox"/> UNDER \$400 3 <input type="checkbox"/> OVER \$400		"X" POINT OF INITIAL IMPACT (Shade Damaged Areas) 	
DRIVER'S NAME FIRST MI LAST			DOB: MO. DAY YR.	DRIVER LICENSE NO.		STATE		
DRIVER'S ADDRESS CITY STATE ZIP			TELEPHONE NO.					
LICENSE CLASS/TYPE		ENDORSEMENT CODE(S)	RESTRICTION CODE(S)	RESTRICTIONS COMPLIED WITH? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	SEX 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	RACE 1 <input type="checkbox"/> WHITE 2 <input type="checkbox"/> BLACK 3 <input type="checkbox"/> OTHER		
OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		FIRST MI LAST	DOB: MO. DAY YR.	DRIVER LICENSE NO.		STATE	10 UNDERCARRIAGE 11 UNKNOWN 12 ROLLED 13 NON-CONTACT	
OWNER'S ADDRESS CITY STATE ZIP			TELEPHONE NO.		SPECIAL VEHICLE USAGE (Enter Code)		CMV <input type="checkbox"/> YES <input type="checkbox"/> NO	
ROADWAY TYPE-1 ("x" one) VEHICLE (ENTER NO.) 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Interstate 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> U. S. Route 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> State Route 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> County Route 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Municipal Route 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (explain)		ROADWAY TYPE-2 ("x" all that apply) VEHICLE (ENTER NO.) 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> One Way 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ramp (Entrance/Exit) 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Two Lane 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Four Lane 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Divided Lanes By What (explain) 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (explain)		ROADWAY HAZARDS ("x" all that apply) VEHICLE (ENTER NO.) 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No Apparent Hazards 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Defective Shoulders 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Holes, Deep Ruts 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No or Obscured Pavement Markings 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Loose Material on Surface 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Construction/Maintenance Zone 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other Hazards (explain)		TRAFFIC CONTROLS VEHICLE (ENTER NO.) 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No Controls 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Traffic Light 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flashing Yellow (Caution) 11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flashing Red (Stop) 12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lane Use Control 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stop Sign 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4-Way Stop 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yield 13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Construction Zone Controls 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RR Crossbucks 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RR Flasher 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RR Gates 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (explain) Was Traffic Control Visible? Veh. No. <input type="checkbox"/> YES <input type="checkbox"/> NO Veh. No. <input type="checkbox"/> YES <input type="checkbox"/> NO Veh. No. <input type="checkbox"/> YES <input type="checkbox"/> NO Veh. No. <input type="checkbox"/> YES <input type="checkbox"/> NO Was Traffic Control Functioning Properly? Veh. No. <input type="checkbox"/> YES <input type="checkbox"/> NO Veh. No. <input type="checkbox"/> YES <input type="checkbox"/> NO Veh. No. <input type="checkbox"/> YES <input type="checkbox"/> NO Veh. No. <input type="checkbox"/> YES <input type="checkbox"/> NO		
ROADWAY SURFACE TYPE VEHICLE (ENTER NO.) 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Asphalt 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Concrete 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brick 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gravel 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dirt 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (explain)		ROADWAY SURFACE CONDITIONS VEHICLE (ENTER NO.) 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dry 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wet 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Snow 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ice 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mud 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (explain)		ROADWAY CHARACTER ("x" two) VEHICLE (ENTER NO.) 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Curve 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Straight 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Upgrade 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Downgrade 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Level				
DRIVER CONTRIBUTING FACTORS ("x" all that apply) VEHICLE (ENTER NO.) 11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drinking 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Speeding 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Failure to Yield 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Following too Closely 14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reckless Driving 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Improper Passing 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Improper Turn 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Disregard Signal or Sign 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wrong Side of Road 15 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wrong Way 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Weather 13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vision Obstructed By What? (explain) 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (explain)		TYPE OF ACTION ("x" all that apply) VEHICLE (ENTER NO.) 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Going Straight 18 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Negotiating Curve 19 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Passing or Overtaking Another Vehicle 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Right Turn to Private Drive 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Right Turn to Street 20 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Right Turn on Red Permitted 21 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Right Turn on Red Not Permitted 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Left Turn to Private Drive 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Left Turn to Street 22 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Turning From Wrong Lane 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Slowing or Stopped for Signal or Sign 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Slowing or Stopped for Turning Traffic 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Slowing or Stopped for Entering Traffic 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Slowing or Stopped Other (Explain) 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Starting in Traffic 11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Starting from Parked Position 12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stopped in Traffic Lane 13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Parked (Legally: 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO) 14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Backing from Drive 15 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Backing from On-Street Parking Space 17 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Entering from Private Drive 16 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (explain)		VEHICLE CONDITION ("x" all that apply) VEHICLE (ENTER NO.) Was vehicle moved prior to investigation? 1 <input type="checkbox"/> YES 1 <input type="checkbox"/> YES 1 <input type="checkbox"/> YES 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 2 <input type="checkbox"/> NO 2 <input type="checkbox"/> NO 2 <input type="checkbox"/> NO Was vehicle burned? 1 <input type="checkbox"/> YES 1 <input type="checkbox"/> YES 1 <input type="checkbox"/> YES 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 2 <input type="checkbox"/> NO 2 <input type="checkbox"/> NO 2 <input type="checkbox"/> NO Was vehicle modified? 1 <input type="checkbox"/> YES 1 <input type="checkbox"/> YES 1 <input type="checkbox"/> YES 1 <input type="checkbox"/> YES If yes, explain 2 <input type="checkbox"/> NO 2 <input type="checkbox"/> NO 2 <input type="checkbox"/> NO 2 <input type="checkbox"/> NO				
CONDITION OF DRIVER or PEDESTRIAN ("x" all that apply) VEHICLE (ENTER NO. OR "P" FOR PEDESTRIAN) 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Had Not Been Drinking 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Had Been Drinking 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Physical Defect 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ill (Sick) 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ability Not Impaired 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ability Impaired 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Apparently Asleep 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Apparently Drugged 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Apparently Normal 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown if Drinking 11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (explain)		HAZARDOUS CARGO ("x" all that apply) VEHICLE (ENTER NO.) 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NONE 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Explosives 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gases 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flammable Liquids 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flammable Solids 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oxidizers 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Etiologic Materials 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Radioactive Materials 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Corrosives 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Misc. (explain)		VEHICLE DEFECTS VEHICLE (ENTER NO.) Did officer check for defect? 1 <input type="checkbox"/> YES 1 <input type="checkbox"/> YES 1 <input type="checkbox"/> YES 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 2 <input type="checkbox"/> NO 2 <input type="checkbox"/> NO 2 <input type="checkbox"/> NO ("x" all that apply) VEHICLE (ENTER NO.) 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No Apparent Defects 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Defective Brakes 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Defective Steering Mechanism 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Defective Tires 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Defective Headlights 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Defective Signal Lights 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Defective Tail Lights 11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Defective Other Lights (explain) 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (explain)				

Tennessee

LIST BELOW ALL CHILD PASSENGERS UNDER FOUR (4) YEARS OF AGE

VEH NO.	NAME _____ ADDRESS SAME AS: (<input type="checkbox"/> DRIVER/ <input type="checkbox"/> OWNER) OF VEHICLE OR _____ ZIP _____ TAKEN TO _____ BY _____ MEDICAL FACILITY (AMBULANCE SERVICE NAME OR PRIVATE PARTY)	Age	Sex	Injury Code	Seating Position	Ejected	Seat Belt	Helmet	Held	CHILD RESTRAINT DEVICE		
										Available	Used	Used Properly
		Yrs. M		0		YES	YES	YES	YES	YES	YES	YES
		Mos. F		1		NO	NO	NO	NO	NO	NO	NO
				2								
				3								
				4								
		Yrs. M		0		YES	YES	YES	YES	YES	YES	YES
		Mos. F		1		NO	NO	NO	NO	NO	NO	NO
				2								
				3								
				4								
		Yrs. M		0		YES	YES	YES	YES	YES	YES	YES
		Mos. F		1		NO	NO	NO	NO	NO	NO	NO
				2								
				3								
				4								
		Yrs. M		0		YES	YES	YES	YES	YES	YES	YES
		Mos. F		1		NO	NO	NO	NO	NO	NO	NO
				2								
				3								
				4								
		Yrs. M		0		YES	YES	YES	YES	YES	YES	YES
		Mos. F		1		NO	NO	NO	NO	NO	NO	NO
				2								
				3								
				4								
		Yrs. M		0		YES	YES	YES	YES	YES	YES	YES
		Mos. F		1		NO	NO	NO	NO	NO	NO	NO
				2								
				3								
				4								
		Yrs. M		0		YES	YES	YES	YES	YES	YES	YES
		Mos. F		1		NO	NO	NO	NO	NO	NO	NO
				2								
				3								
				4								
		Yrs. M		0		YES	YES	YES	YES	YES	YES	YES
		Mos. F		1		NO	NO	NO	NO	NO	NO	NO
				2								
				3								
				4								

ADDITIONAL CHARGES

NAME _____	NAME _____
COURT DIV. _____ COURT DATE _____	COURT DIV. _____ COURT DATE _____
CITATION NO. _____ CHARGES _____	CITATION NO. _____ CHARGES _____
NAME _____	NAME _____
COURT DIV. _____ COURT DATE _____	COURT DIV. _____ COURT DATE _____
CITATION NO. _____ CHARGES _____	CITATION NO. _____ CHARGES _____

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(1) Name _____	Age _____	Race _____	Sex _____
Address _____			
		(Business Phone) _____	(Residence Phone) _____
(2) Name _____	Age _____	Race _____	Sex _____
Address _____			
		(Business Phone) _____	(Residence Phone) _____
(3) Name _____	Age _____	Race _____	Sex _____
Address _____			
		(Business Phone) _____	(Residence Phone) _____

COLLISION DIAGRAM

TRACTOR AND TRAILER

BUS-STREET CAR

AUTO

TRUCK

PEDESTRIAN

INDICATE NORTH BY ARROW

PAGE _____ of _____

TABLE OF MEASURES TRIANGULATION

MEASURES BETWEEN POINTS

[illegible]

Tennessee

RDA-0826

WEATHER CONDITION <input type="checkbox"/> 1. No Adverse Condition <input type="checkbox"/> 2. Rain <input type="checkbox"/> 3. Sleet, Hail <input type="checkbox"/> 4. Snow <input type="checkbox"/> 5. Fog <input type="checkbox"/> 6. Blowing Sand, Soil, Dirt, or Snow <input type="checkbox"/> 7. Severe Crosswinds <input type="checkbox"/> 8. Other _____ <input type="checkbox"/> 9. Unknown	LIGHT CONDITION <input type="checkbox"/> 1. Daylight <input type="checkbox"/> 2. Dark - Not Lighted <input type="checkbox"/> 3. Dark - Lighted <input type="checkbox"/> 4. Dawn <input type="checkbox"/> 5. Dusk <input type="checkbox"/> 9. Unknown	ROAD SURFACE CONDITION VEHICLE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="width: 50%;"> 1. Dry 2. Wet 3. Snow or Slush 4. Ice 5. Sand, Mud, Dirt or Oil 8. Other _____ 9. Unknown </div> </div>																																																			
TRAFFICWAY VEHICLE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="width: 50%;"> 1. Not Physically Divided (2-way trafficway) 2. Divided Highway, Median Strip, Without Traffic Barrier 3. Divided Highway, Median Strip, With Traffic Barrier 4. One - Way Trafficway </div> </div>		ACCESS CONTROL VEHICLE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="width: 50%;"> 1. No Control (unlimited access) 2. Full Control (ONLY ramp entry and exit) 3. Other _____ </div> </div>																																																			
VEHICLE CONFIGURATION VEHICLE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="width: 50%;"> 1. Bus 2. Single-unit truck: 2 axles, 6 tires 3. Single-unit truck: 3 or more axles 4. Truck/trailer 5. Truck tractor (bobtail) 6. Tractor/semi-trailer 7. Tractor/doubles 8. Tractor/triples 9. Unknown heavy truck, cannot classify </div> </div>		CARGO BODY TYPE VEHICLE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="width: 50%;"> 1. Bus 2. Van/enclosed box 3. Cargo tank 4. Flatbed 5. Dump 6. Concrete mixer 7. Auto transporter 8. Garbage/refuse 9. Other _____ </div> </div>																																																			
SEQUENCE OF EVENTS <p>Circle the numbers (up to four) that best describe the sequence of events for that vehicle.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">VEHICLE</th> <th style="width: 15%;">SEQUENCE</th> <th style="width: 70%;">SEQUENCE</th> </tr> </thead> <tbody> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Ran off Road</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Jackknife</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Overturn</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Downhill runaway</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Cargo loss or shift</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Explosion or fire</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Separation of units</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Collision involving pedestrian</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Collision involving motor vehicle in transport</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Collision involving parked motor vehicle</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Collision involving train</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Collision involving pedalcycle</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Collision involving animal</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Collision involving fixed object</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Collision involving other object</td></tr> <tr><td>1 2 3 4</td><td>1 2 3 4</td><td>Other _____</td></tr> </tbody> </table>		VEHICLE	SEQUENCE	SEQUENCE	1 2 3 4	1 2 3 4	Ran off Road	1 2 3 4	1 2 3 4	Jackknife	1 2 3 4	1 2 3 4	Overturn	1 2 3 4	1 2 3 4	Downhill runaway	1 2 3 4	1 2 3 4	Cargo loss or shift	1 2 3 4	1 2 3 4	Explosion or fire	1 2 3 4	1 2 3 4	Separation of units	1 2 3 4	1 2 3 4	Collision involving pedestrian	1 2 3 4	1 2 3 4	Collision involving motor vehicle in transport	1 2 3 4	1 2 3 4	Collision involving parked motor vehicle	1 2 3 4	1 2 3 4	Collision involving train	1 2 3 4	1 2 3 4	Collision involving pedalcycle	1 2 3 4	1 2 3 4	Collision involving animal	1 2 3 4	1 2 3 4	Collision involving fixed object	1 2 3 4	1 2 3 4	Collision involving other object	1 2 3 4	1 2 3 4	Other _____	APPARENT DRIVER CONDITION <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> DRIVER VEHICLE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="width: 50%;"> 1. Appeared Normal 2. Had Been Drinking 3. Illegal Drug Use 4. Sick 5. Fatigue 6. Asleep 7. Medication 8. Unknown </div> </div> </div> <div style="width: 50%;"> <p>(Note: Check only ONE condition per driver)</p> </div> </div>
VEHICLE	SEQUENCE	SEQUENCE																																																			
1 2 3 4	1 2 3 4	Ran off Road																																																			
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1 2 3 4	1 2 3 4	Other _____																																																			

PLACE WHERE ACCIDENT OCCURRED		LOC. NO. _____	
COUNTY _____ CITY OR TOWN _____		DO NOT WRITE IN THIS SPACE	
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> WEST OF _____ CITY OR TOWN _____			
ROAD ON WHICH ACCIDENT OCCURRED _____		DPS NO. _____	
INTERSECTING STREET OR RR X'ING NUMBER _____		LOC. _____	
NOT AT INTERSECTION <input type="checkbox"/> FT. <input type="checkbox"/> MI. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF _____		CODE _____ SEVENTY _____	
SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.		TYPE _____	
DATE OF ACCIDENT _____ 19 _____ DAY OF WEEK _____ HOUR _____		FAT. REC. _____ DR. REC. _____	
UNIT NO. 1 - MOTOR VEHICLE		IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY _____	
VEH IDENT NO. _____		YEAR _____ COLOR _____ & MAKE _____	
MODEL _____ BODY STYLE _____		LICENSE PLATE _____ YEAR _____ STATE _____ NUMBER _____	
DRIVER'S NAME _____		PHONE NUMBER _____	
DRIVER'S LICENSE _____		DOB _____ RACE _____ SEX _____ OCCUPATION _____	
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED <input type="checkbox"/>		ALCOHOL/DRUG ANALYSIS RESULT _____	
LESSEE <input type="checkbox"/> OWNER <input type="checkbox"/>		PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) _____		ADDRESS _____ CITY _____ STATE _____	
LIABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO		INSURANCE COMPANY NAME _____ POLICY NUMBER _____	
INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO		VEHICLE DAMAGE RATING _____	
UNIT NO. 2 TOWED <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER <input type="checkbox"/>		IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY _____	
VEH IDENT NO. _____		YEAR _____ COLOR _____ & MAKE _____	
MODEL _____ BODY STYLE _____		LICENSE PLATE _____ YEAR _____ STATE _____ NUMBER _____	
DRIVER'S NAME _____		PHONE NUMBER _____	
DRIVER'S LICENSE _____		DOB _____ RACE _____ SEX _____ OCCUPATION _____	
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED <input type="checkbox"/>		ALCOHOL/DRUG ANALYSIS RESULT _____	
LESSEE <input type="checkbox"/> OWNER <input type="checkbox"/>		PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) _____		ADDRESS _____ CITY _____ STATE _____	
LIABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO		INSURANCE COMPANY NAME _____ POLICY NUMBER _____	
INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO		VEHICLE DAMAGE RATING _____	
DAMAGE TO PROPERTY OTHER THAN VEHICLES			
OBJECT _____		NAME AND ADDRESS OF OWNER _____	
FEET FROM CURB _____		DAMAGE ESTIMATE \$ _____	
LIGHT CONDITION <input type="checkbox"/>		WEATHER <input type="checkbox"/>	
SURFACE CONDITION <input type="checkbox"/>		TYPE ROAD SURFACE <input type="checkbox"/>	
DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION) _____		1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK	
1-CLEAR/CLOUDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST		6-SMOKE 7-SLEETING 8-HIGH WINDS 9-OTHER	
1-DRY 2-WET 3-MUDDY 4-SNOWY/ICY 5-OTHER		1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 6-OTHER	
IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$500.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
CHARGES FILED			
NAME _____		CHARGE _____	
CITATION NUMBER _____		CITATION NUMBER _____	
NAME _____		CHARGE _____	
CITATION NUMBER _____		CITATION NUMBER _____	
TIME NOTIFIED OF ACCIDENT _____		TIME ARRIVED AT SCENE OF ACCIDENT _____	
DATE _____ HOUR _____ IN HOW _____		DATE _____ HOUR _____ IN	
TYPED OR PRINTED NAME OF INVESTIGATOR _____		DATE REPORT MADE _____ IS REPORT COMPLETE <input type="checkbox"/> YES <input type="checkbox"/> NO	
SIGNATURE OF INVESTIGATOR _____		ID NO. _____ DEPARTMENT _____ DIST./AREA _____	

Texas

ST-3C (1/94) COMMERCIAL MOTOR VEHICLE SUPPLEMENT TO THE TEXAS PEACE OFFICER'S ACCIDENT REPORT

ACCIDENT INFORMATION		LOC NO. _____	
1 COUNTY _____ 2 CITY OR TOWN _____		DO NOT WRITE IN THIS SPACE	
3 ROAD ON WHICH ACCIDENT OCCURRED _____ <small>BLOCK NO. STREET OR ROAD NAME ROUTE NUMBER</small>			
4 DATE OF ACCIDENT _____ 5 DAY OF WEEK _____ 6 HOUR _____ <small>1 AM (IF EXACTLY NOON OR MIDNIGHT, SO STATE) 1 PM</small>		MCS NO. _____	
DRIVER INFORMATION			
7 NAME _____ 8 DRIVER'S LICENSE _____ <small>LAST FIRST MIDDLE STATE NUMBER</small>			
9 DRIVER'S LICENSE CLASS/TYPE _____ 10 RESTRICTIONS _____ 11 ENDORSEMENTS _____ 12 DRIVER'S DOB _____ <small>CDL <input type="checkbox"/> YES <input type="checkbox"/> NO MONTH DAY YEAR</small>			
CARRIER INFORMATION			
13 VEHICLE OPERATION <input type="checkbox"/> INTERSTATE COMMERCE <input type="checkbox"/> INTRASTATE COMMERCE		14 NAME SOURCE SHIPPING PAPERS <input type="checkbox"/> DRIVER <input type="checkbox"/> SIDE OF VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/>	
15 CARRIER'S CORPORATE NAME _____			
16 CARRIER'S PRIMARY ADDRESS _____			
<small>NUMBER STREET CITY STATE ZIP</small>			
17 CARRIER ID TYPE: <input type="checkbox"/> ICC <input type="checkbox"/> DOT <input type="checkbox"/> RRC <input type="checkbox"/> OTHER _____ <input type="checkbox"/> NONE		18 CARRIER ID NO. _____	
MOTOR VEHICLE INFORMATION			
<input type="checkbox"/> 19 UNIT NUMBER ON ST-3 _____		20 LICENSE PLATE _____ <small>YEAR STATE NUMBER</small>	
21 GROSS VEHICLE WEIGHT RATING _____ REGISTERED GROSS VEHICLE WEIGHT _____		22 TOTAL NUMBER OF AXLES _____ 23 TOTAL NUMBER OF TIRES _____ 24 AIR BRAKES <input type="checkbox"/> YES <input type="checkbox"/> NO	
25 VEHICLE TYPE <input type="checkbox"/> 1-TRUCK <input type="checkbox"/> 2-TRUCK TRACTOR <input type="checkbox"/> 3-VAN <input type="checkbox"/> 4-BUS <input type="checkbox"/> 5-AUTOMOBILE <input type="checkbox"/> 6-OTHER _____		26 CARGO BODY STYLE <input type="checkbox"/> 1-VAN/ENCLOSED BOX <input type="checkbox"/> 2-DUMP <input type="checkbox"/> 3-CARGO TANK <input type="checkbox"/> 4-GARBAGE/REFUSE <input type="checkbox"/> 5-SPECIALIZED <input type="checkbox"/> 6-CEMENT MIXER <input type="checkbox"/> 7-FLATBED <input type="checkbox"/> 8-NA (ie. TRUCK TRACTOR, AUTO OR BUS) <input type="checkbox"/> 9-OTHER _____	
27 HAZARDOUS MATERIALS TRANSPORTING HAZARDOUS MATERIALS <input type="checkbox"/> YES <input type="checkbox"/> NO 1. CLASS _____ ID No. _____ 2. CLASS _____ ID No. _____ 3. CLASS _____ ID No. _____ HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> YES <input type="checkbox"/> NO			
28 VEHICLE USE <input type="checkbox"/> 1-FARM <input type="checkbox"/> 2-MILITARY <input type="checkbox"/> 3-RECREATIONAL <input type="checkbox"/> 4-FIREFIGHTER <input type="checkbox"/> 5-SCHOOL BUS <input type="checkbox"/> 6-TRANSPORT PERSONAL PROPERTY <input type="checkbox"/> 7-TRANSPORT SICK OR INJURED OR HUMAN CORPSES <input type="checkbox"/> 8-PRIVATE TRANSPORTATION OF PASSENGERS <input type="checkbox"/> 9-OTHER _____		29 CARGO TYPE <input type="checkbox"/> 1-GENERAL FREIGHT <input type="checkbox"/> 2-GAS IN BULK <input type="checkbox"/> 3-LIQUIDS IN BULK <input type="checkbox"/> 4-SOLIDS IN BULK <input type="checkbox"/> 5-PRODUCE <input type="checkbox"/> 6-AGRICULTURAL PRODUCTS <input type="checkbox"/> 7-LIVESTOCK <input type="checkbox"/> 8-ROCK, DIRT, SAND, GRAVEL, ETC. <input type="checkbox"/> 9-MACHINERY <input type="checkbox"/> 10-CONSTRUCTION MATERIAL <input type="checkbox"/> 11-DAIRY PRODUCTS <input type="checkbox"/> 12-OTHER (SPECIFY) _____ <input type="checkbox"/> 13-EMPTY <input type="checkbox"/> 14-NOT APPLICABLE (UNIT NOT EQUIPPED FOR CARGO)	
30 <input type="checkbox"/> IF THIS VEHICLE TYPE IS A BUS, SHOW THE NUMBER OF PASSENGERS THE BUS IS EQUIPPED TO CARRY (INCLUDING THE DRIVER)			
31 <input type="checkbox"/> SHOW THE NUMBER OF TRAILER(S) /SEMI-TRAILER(S) THIS MOTOR VEHICLE IS TOWING. COMPLETE TRAILER INFORMATION BELOW AS APPLICABLE			
TRAILER NUMBER 1 INFORMATION			
32 LICENSE PLATE _____ <small>YEAR STATE NUMBER</small>		34 TRAILER TYPE <input type="checkbox"/> 1-FULL TRAILER <input type="checkbox"/> 2-SEMI-TRAILER <input type="checkbox"/> 3-POLE TRAILER	
33 GROSS VEHICLE WEIGHT RATING _____ REGISTERED GROSS VEHICLE WEIGHT _____		35 HAZARDOUS MATERIALS TRANSPORTING HAZARDOUS MATERIALS <input type="checkbox"/> YES <input type="checkbox"/> NO 1. CLASS _____ ID No. _____ 2. CLASS _____ ID No. _____ 3. CLASS _____ ID No. _____ HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> YES <input type="checkbox"/> NO	
36 TRAILER CARGO BODY STYLE <input type="checkbox"/> 1-VAN/ENCLOSED BOX <input type="checkbox"/> 2-DUMP <input type="checkbox"/> 3-CARGO TANK <input type="checkbox"/> 4-LIVESTOCK <input type="checkbox"/> 5-SPECIALIZED <input type="checkbox"/> 6-FLATBED <input type="checkbox"/> 7-AUTO-TRANSPORT <input type="checkbox"/> 8-OTHER _____		37 CARGO TYPE <input type="checkbox"/> 1-GENERAL FREIGHT <input type="checkbox"/> 2-GAS IN BULK <input type="checkbox"/> 3-LIQUID IN BULK <input type="checkbox"/> 4-SOLIDS IN BULK <input type="checkbox"/> 5-PRODUCE <input type="checkbox"/> 6-AGRICULTURAL PRODUCTS <input type="checkbox"/> 7-LIVESTOCK <input type="checkbox"/> 8-ROCK, DIRT, SAND, GRAVEL, ETC. <input type="checkbox"/> 9-MACHINERY <input type="checkbox"/> 10-CONSTRUCTION MATERIAL <input type="checkbox"/> 11-DAIRY PRODUCTS <input type="checkbox"/> 12-OTHER (SPECIFY) _____ <input type="checkbox"/> 13-EMPTY <input type="checkbox"/> 14-NOT APPLICABLE (UNIT NOT EQUIPPED FOR CARGO)	
TRAILER NUMBER 2 INFORMATION			
38 LICENSE PLATE _____ <small>YEAR STATE NUMBER</small>		40 TRAILER TYPE <input type="checkbox"/> 1-FULL TRAILER <input type="checkbox"/> 2-SEMI-TRAILER <input type="checkbox"/> 3-POLE TRAILER	
39 GROSS VEHICLE WEIGHT RATING _____ REGISTERED GROSS VEHICLE WEIGHT _____		41 HAZARDOUS MATERIALS TRANSPORTING HAZARDOUS MATERIALS <input type="checkbox"/> YES <input type="checkbox"/> NO 1. CLASS _____ ID No. _____ 2. CLASS _____ ID No. _____ 3. CLASS _____ ID No. _____ HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> YES <input type="checkbox"/> NO	
42 TRAILER CARGO BODY STYLE <input type="checkbox"/> 1-VAN/ENCLOSED BOX <input type="checkbox"/> 2-DUMP <input type="checkbox"/> 3-CARGO TANK <input type="checkbox"/> 4-LIVESTOCK <input type="checkbox"/> 5-SPECIALIZED <input type="checkbox"/> 6-FLATBED <input type="checkbox"/> 7-AUTO-TRANSPORT <input type="checkbox"/> 8-OTHER _____		43 CARGO TYPE <input type="checkbox"/> 1-GENERAL FREIGHT <input type="checkbox"/> 2-GAS IN BULK <input type="checkbox"/> 3-LIQUID IN BULK <input type="checkbox"/> 4-SOLIDS IN BULK <input type="checkbox"/> 5-PRODUCE <input type="checkbox"/> 6-AGRICULTURAL PRODUCTS <input type="checkbox"/> 7-LIVESTOCK <input type="checkbox"/> 8-ROCK, DIRT, SAND, GRAVEL, ETC. <input type="checkbox"/> 9-MACHINERY <input type="checkbox"/> 10-CONSTRUCTION MATERIAL <input type="checkbox"/> 11-DAIRY PRODUCTS <input type="checkbox"/> 12-OTHER (SPECIFY) _____ <input type="checkbox"/> 13-EMPTY <input type="checkbox"/> 14-NOT APPLICABLE (UNIT NOT EQUIPPED FOR CARGO)	
44 SIGNATURE _____ PERSON COMPLETING SUPPLEMENT		DATE THIS SUPPLEMENT MADE _____ DEPARTMENT	

Texas

GENERAL

A separate commercial supplement is to be completed on each commercial motor vehicle involved in a motor vehicle accident. This supplement(s) must be attached to the basic peace officer's accident report. A commercial motor vehicle for supplemental reporting is defined as:

1. Any motor vehicle or towed vehicle with a Gross Vehicle Weight Rating (GVWR) or a Registered Gross Vehicle Weight (RGVW), whichever is greater, of 10,001 lbs. or more, or any combination of vehicles where the Gross Combined Weight Rating (GCWR) or the total RGVW of the combination is 10,001 lbs. or more.
 - 1.1. GVWR and RGVW are both defined as the weight of the fully equipped vehicle plus its net carrying capacity. The GCWR is the combined weight rating of a motor vehicle and a towed unit(s). On occasion, the GVWR and the RGVW will differ. In those situations, the greater weight value will be used to determine if this form must be completed.
 - 1.2. The GVWR of a motor vehicle normally can be found on an information plate on the driver's door or door post. The GVWR of a trailer normally can be found on an information plate near the front left portion of the trailer. If the vehicle does not have an information plate or it is illegible, use RGVW. For combination or token trailers, see 1.6 below.
 - 1.3. On vehicles registered in Texas, the RGVW is shown on the registration receipt under "gross weight". Commercial motor vehicles are required to carry the registration receipt.
 - 1.4. In the event the registration receipt is not available, RGVW can normally be obtained by a complete registration check. Exception: If the vehicle has exempt license plates (i.e. owned by a government entity) no RGVW will be shown. In those instances, GVWR must be used.
 - 1.5. If GVWR is used to determine the need to complete this supplement, GVWR for the motor vehicle and each trailer(s) must be obtained and shown in the appropriate blank(s).
 - 1.6. If RGVW is used to determine the need to complete this supplement, the RGVW should be obtained for each motor vehicle and trailer in the combination unless the combination is registered as a combination/token vehicle or as an apportioned vehicle. In those situations the license plates will indicate combination/token or apportioned. If the vehicle is registered as a combination/token or apportioned vehicle, the entire registered gross weight will be shown on the power unit and the trailer will not carry a RGVW. In those instances, show the RGVW of the combination in the power unit and show zero (0) on the trailer(s).
 - 1.7. RGVW for out-of-state vehicles and trailer(s) may be obtained from registration receipts issued by the licensing state, temporary permits, cab cards or other documents or as in 1.4 above.
2. Any bus, which shall include every motor vehicle with a seating capacity of more than fifteen (15) passengers (including the driver) and used for the transportation of persons. The seating capacity of a bus (excluding school buses) shall be determined by allowing one (1) passenger for each sixteen (16) inches of seat space. The seating capacity of a school bus shall be determined by allowing one (1) passenger for each thirteen (13) inches of seat space.
3. Any motor vehicle hauling hazardous materials which is required to be placarded under the Hazardous Materials Transportation Act.

INSTRUCTIONS FOR COMPLETION OF FORM ST-3C

Detailed instructions for completion of this supplement are included in the Instructions to Police for Reporting Accidents.

ACCIDENT INFORMATION (Items 1-6)

Complete the information in this section exactly as shown on the basic report (ST-3).

DRIVER INFORMATION (Items 7-12)

Complete items 7, 8, 9 and 12 exactly as shown on the basic report (ST-3). If the license is restricted or carries an endorsement(s), show the restriction(s) and endorsement(s) in item 10 and item 11, as applicable.

CARRIER INFORMATION (Items 13-18)

Indicate whether the operation of the commercial motor vehicle at the time of this accident is defined as an interstate or intrastate operation. An interstate operation is one where the transportation of the property originated in one state or country and passed through or terminated in another state or country. An intrastate operation is one where the transportation of the property did not cross a state or international boundary. The bill of lading origin and destination information may be one source available to make this determination. Check the appropriate box in item 13. Carrier ID Name Source. Check appropriate box in item 14.

Indicate the Carrier's corporate name and primary business address in items 15 and 16. The Carrier is defined as the entity responsible for the operation of the vehicle at the time of the accident. This may be the actual owner of the vehicle or the lessee. This information should match the Owner/Lessee shown on the ST-3.

Show the type of carrier identification by checking the appropriate box in item 17. Show the ID number in item 18, if applicable.

MOTOR VEHICLE INFORMATION (Items 19-31)

Enter the unit number from the ST-3 for this motor vehicle in item 19. Show the registration year, state and number in item 20. Enter the GVWR or RGVW as applicable in item 21. Indicate which, GVWR or RGVW, by checking the appropriate box.

Indicate total number of Axles (vehicle and trailers) in item 22.

Indicate total number of Tires (vehicle and trailers) in actual contact with the road surface in item 23.

Indicate if vehicle was equipped with Air Brakes in item 24.

Indicate the appropriate number in the box for Vehicle Type in item 25.

Indicate the appropriate number in the box for Cargo Body Style in item 26.

Indicate by checking the appropriate box in item 27 whether this vehicle is hauling hazardous material(s). If yes, enter the class and ID nos. of the hazardous material(s) being transported. Indicate by checking the appropriate box whether hazardous materials were released (spilled, discharged, etc.) The class and ID nos. should be obtained from the bill of lading or shipping papers. If unavailable, the class and ID nos. may be taken from the placard. The class may be located in the lower corner of the diamond shaped placard. The ID nos. may be located on the placard or on an orange label near the placard. (REFER TO DETAILED INSTRUCTIONS).

Indicate the appropriate number in the box for Vehicle Use in item 28.

Indicate the appropriate number in the box for Cargo Type in item 29.

If this motor vehicle is a bus, show in box (item 30) the number of passengers (including the driver) the bus is equipped to carry. If not a bus, leave blank.

Indicate the number of trailer(s)/semi-trailer(s) being towed by this motor vehicle in box (item 31). If none, show zero.

TRAILER NUMBER 1 & 2 INFORMATION (Items 32-43)

If the commercial motor vehicle reported on this supplement is towing one trailer, complete trailer number 1 section only. If towing 2 trailers, complete both trailer number 1 and 2 sections.

Indicate the registration year, state and number in item 32, and if applicable item 38. Show the GVWR or RGVW in item 33 and, if applicable, item 39. Indicate which, GVWR or RGVW by checking the appropriate box.

Indicate the appropriate number in the box for Trailer Type (item 34, and if applicable, item 40).

Indicate by checking the appropriate line in item 35, and if applicable, item 41, whether the trailer(s) is hauling hazardous materials. If yes, enter the class and ID nos. (up to three) of the hazardous material(s) being transported. The class and ID nos. can be located on the bill of lading. If no bill of lading, the class can be located on the lower corner of the Hazardous Material Placard and the ID nos. can be located on the placard or on an orange label located near the placard.

Indicate the appropriate number in the box for Trailer Cargo Body Style, item 36, and if applicable, item 42.

Indicate the appropriate number in the box for Cargo Type, item 37, and if applicable, item 43.

The person completing this supplement should sign, show department and the date this supplement was prepared in item 44.

STATE OF UTAH INVESTIGATING OFFICER'S REPORT OF TRAFFIC ACCIDENT

Page _____ of _____

1	TIME	MONTH	DAY	YEAR	DAY OF WEEK	1 2 3 4 5 6 7 M T W T F S S	MILITARY TIME	CASE NUMBER	15	
2	LOCATION	PLACE WHERE ACCIDENT OCCURRED: COUNTY _____ CITY OR TOWN _____							FOR AGENCY USE	16
		Accident was outside city limits indicate distance from city limits or nearest town _____ MILES <input type="checkbox"/> NORTH <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ CITY OR TOWN							D.L.D. USE ONLY	17
3	LOCATION	ROAD ON WHICH ACCIDENT OCCURRED: _____ RAMP NO. _____							STATE/LOCAL	18
		GIVE NAME OF STREET OR HIGHWAY NUMBER _____ INTERSECTION TYPE _____ 1. AT ITS INTERSECTION WITH _____ 2. IF NOT AT INTERSECTION _____ NORTH <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W _____ FEET <input type="checkbox"/> of _____ NEAREST INTERSECTION, STREET, HOUSE NO. LANDMARK _____ BE SURE TO COMPLETE IF ROAD HAS MILE POST TENTH OF A MILE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OF MILE POST _____								19
4	LOCATION	VEHICLE # YEAR MAKE MODEL BODY STYLE/TYPE CODE VEHICLE COLOR G.V.W.R. DESC. OF CARGO CODE COMMERCIAL VEHICLE (Reg 12,000 lbs. or more) INTERSTATE <input type="checkbox"/> INTRASTATE <input type="checkbox"/>							20	
		VEHICLE IDENTIFICATION NUMBER _____ DISPOSITION OF VEHICLE _____ NO. OF AXLES (INCLUDING ALL TRAILERS) _____ DIR OF TRAVEL _____ US DOT _____ LICENSE PLATE INFO _____ YEAR _____ MONTH _____ STATE _____ NUMBER _____ PARTS DAMAGED _____ COST OF REPAIR _____ ICC MC _____								21
5	LOCATION	OWNER FIRST INITIAL LAST * STREET, CITY, STATE, ZIP, PHONE NO. PHONE () OPERATOR _____ CARRIER _____							22	
		DRIVER FIRST INITIAL LAST STREET, CITY, STATE, ZIP, PHONE NO. PHONE () DRIVER'S LICENSE STATE NUMBER DATE OF BIRTH MONTH DAY YEAR AGE SEX SAFE EQUIP TYPE INJURY CAUSE AREA EXTRA CAUTION EJECTION THROUGH WHAT AREA EJECTED?							23	
6	LOCATION	DRIVER'S EDUCATION 1. PUBLIC 2. COMFL 3. NONE 4. UNKN <input type="checkbox"/> YEARS DRIVE EXP. _____ LICENSE CLASS _____ ENDORSEMENT _____ RESTRICTIONS _____ INSURANCE COMPANY _____ EFFECTIVE DATE _____ EXPIRATION DATE _____ POLICY NUMBER _____							24	
		INSURANCE APPEARS VALID YES <input type="checkbox"/> NO <input type="checkbox"/> AGENCY THAT SOLD POLICY _____ ADDRESS _____ PHONE () _____							25	
7	LOCATION	VEHICLE # YEAR MAKE MODEL BODY STYLE/TYPE CODE VEHICLE COLOR G.V.W.R. DESC. OF CARGO CODE COMMERCIAL VEHICLE (Reg 12,000 lbs. or more) INTERSTATE <input type="checkbox"/> INTRASTATE <input type="checkbox"/>							26	
		VEHICLE IDENTIFICATION NUMBER _____ DISPOSITION OF VEHICLE _____ NO. OF AXLES (INCLUDING ALL TRAILERS) _____ DIR OF TRAVEL _____ US DOT _____ LICENSE PLATE INFO _____ YEAR _____ MONTH _____ STATE _____ NUMBER _____ PARTS DAMAGED _____ COST OF REPAIR _____ ICC MC _____								27
8	LOCATION	OWNER FIRST INITIAL LAST * STREET, CITY, STATE, ZIP, PHONE NO. PHONE () OPERATOR _____ CARRIER _____							28	
		DRIVER FIRST INITIAL LAST STREET, CITY, STATE, ZIP, PHONE NO. PHONE () DRIVER'S LICENSE STATE NUMBER DATE OF BIRTH MONTH DAY YEAR AGE SEX SAFE EQUIP TYPE INJURY CAUSE AREA EXTRA CAUTION EJECTION THROUGH WHAT AREA EJECTED?							29	
9	LOCATION	DRIVER'S EDUCATION 1. PUBLIC 2. COMFL 3. NONE 4. UNKN <input type="checkbox"/> YEARS DRIVE EXP. _____ LICENSE CLASS _____ ENDORSEMENT _____ RESTRICTIONS _____ INSURANCE COMPANY _____ EFFECTIVE DATE _____ EXPIRATION DATE _____ POLICY NUMBER _____							30	
		INSURANCE APPEARS VALID YES <input type="checkbox"/> NO <input type="checkbox"/> AGENCY THAT SOLD POLICY _____ ADDRESS _____ PHONE () _____							31	
10	LOCATION	VEHICLE # YEAR MAKE MODEL BODY STYLE/TYPE CODE VEHICLE COLOR G.V.W.R. DESC. OF CARGO CODE COMMERCIAL VEHICLE (Reg 12,000 lbs. or more) INTERSTATE <input type="checkbox"/> INTRASTATE <input type="checkbox"/>							32	
		VEHICLE IDENTIFICATION NUMBER _____ DISPOSITION OF VEHICLE _____ NO. OF AXLES (INCLUDING ALL TRAILERS) _____ DIR OF TRAVEL _____ US DOT _____ LICENSE PLATE INFO _____ YEAR _____ MONTH _____ STATE _____ NUMBER _____ PARTS DAMAGED _____ COST OF REPAIR _____ ICC MC _____								33
11	LOCATION	OWNER FIRST INITIAL LAST * STREET, CITY, STATE, ZIP, PHONE NO. PHONE () OPERATOR _____ CARRIER _____							34	
		DRIVER FIRST INITIAL LAST STREET, CITY, STATE, ZIP, PHONE NO. PHONE () DRIVER'S LICENSE STATE NUMBER DATE OF BIRTH MONTH DAY YEAR AGE SEX SAFE EQUIP TYPE INJURY CAUSE AREA EXTRA CAUTION EJECTION THROUGH WHAT AREA EJECTED?							35	
12	LOCATION	DRIVER'S EDUCATION 1. PUBLIC 2. COMFL 3. NONE 4. UNKN <input type="checkbox"/> YEARS DRIVE EXP. _____ LICENSE CLASS _____ ENDORSEMENT _____ RESTRICTIONS _____ INSURANCE COMPANY _____ EFFECTIVE DATE _____ EXPIRATION DATE _____ POLICY NUMBER _____							36	
		INSURANCE APPEARS VALID YES <input type="checkbox"/> NO <input type="checkbox"/> AGENCY THAT SOLD POLICY _____ ADDRESS _____ PHONE () _____							37	
13	LOCATION	1. PEDESTRIAN 2. BICYCLIST DATE OF BIRTH _____ AGE SEX _____ INJURY TYPE CAUSE AREA NAME _____ ADDRESS _____							38	
		OCCUPANTS							39	

☐ ORIGINAL REPORT☐ SUPPLEMENTAL REPORT☐ AMENDED REPORT

IF A QUESTION DOES NOT APPLY, ENTER AN "X", IF ANSWER IS UNKNOWN ENTER "U", OTHER EXPLAIN IN DESCRIPTION

DI-9 Rev. 12/83

1 TRAFFIC CONTROL 1. Officer or watchman 2. Flagman 3. Traffic Signal 4. Traffic Signal (Flashing) 5. Stop Sign 6. Yield Sign 7. Railroad Gates or Signal 8. Other (Specify) 9. No Control Present A. Slow or Warning Sign B. Traffic Lanes Marked C. No Passing Lanes D. One-Way Road or Street E. Construction or Work Area		Accident Severity 1. No injury 2. Possible injury 3. Bruises & Abrasions 4. Broken bones or bleeding wounds 5. Fatal		Type of Collision SEE LIST ABOVE ON BACK OF FRONT COVER		TYPE OF ACCIDENT 1. MV - Pedestrian 2. MV - MV 3. MV - Train 4. MV - Bicycle 5. MV - Animal (Wild) 6. MV - Fixed Object 7. MV - Other Object 8. Overturned 9. Ran Off Roadway - Thru Median R. Ran Off Road - Right L. Ran Off Road - Left A. Other Non-Collision D. MV Animal (Domestic)		15 1st Event
2 ALIGNMENT (ROADWAY CHARACTER) 1. Straight and Level 2. Grade Straight 3. Hillcrest Straight 4. Curve Level 5. Curve Grade 6. Curve Hillcrest 7. Dip Straight 8. Dip Curve		CONTRIBUTING CIRCUMSTANCES 00 Did Not Contribute 01 Speed Too Fast 02 Failed To Yield Right of Way 03 Drove Left of Center 04 Improper Overtaking 05 Passed Stop Sign 06 Disregard Traffic Signal 07 Followed Too Closely 08 Made Improper Turn 09 Had Been Drinking 10 Under The Influence of Drugs 11 Eyesight Defective Uncorrected 12 Asleep 13 Fatigued 14 Ill 15 Improper Parking 16 Improper Lookout 17 Failed To Signal 18 Other Improper Driving 19 Brakes Defective 20 Headlight Insufficient or Out		21 Headlights Glaring 22 Other Lights or Reflectors Defective 23 Steering Mechanism Defective 24 Tires Defective 25 Windshield Not Clear 26 Other Defective Condition of Vehicle 27 Hit and Run 28 DUI 29 Non-Collision (Fire) 30 Collision (Fire) 40 Stolen 41 Non-Contact Vehicle Involved 42 Jackknife 43 Downhill Runaway 44 Cargo Loss or Shifted 45 Explosion or Fire 46 Separation of Units 47 Wrong Side of Road 48 Wrong Way on One Way Street 49 Improper Backing 50 Immersion		PRIME CONTRIBUTOR VEHICLE #1,3,5 20 VEHICLE #2,4,6 21 VEHICLE #1,3,5 22 VEHICLE #2,4,6 23 VEHICLE #1,3,5 24 VEHICLE #2,4,6		16 2nd Event 17 3rd Event
3 WEATHER 1. Clear 2. Raining 3. Snowing 4. Fog 5. Dust 6. Mist 7. Sleet 8. Cloudy 9. Windstorm		SURFACE CONDITIONS 1. Dry 2. Wet 3. Muddy 4. Snowy 5. Icy 6. Oily		VEHICLE MANEUVER (DRIVER INTENT) 01. Go Straight Ahead 02. Overtake (Passing) 03. Make Right Turn 04. Make Left Turn 05. Make U Turn 06. Slow or Stop 07. Start In Traffic Lane 08. Start From Parked Position 09. Back 10. Remain Stopped in Traffic Lane 11. Remain Parked 12. Changing Lanes		ALTERED VEHICLE 1. Suspension 2. Body 3. Tinted Windows 4. Other 5. None VEHICLE #1,3,5 VEHICLE #2,4,6		
4 ROADWAY CONDITIONS 1. Holes or Ruts in Shoulder 2. Holes, Ruts, Bumps in Roadway 3. Loose Material 4. Obstruction Not Lighted (Darkness) 5. Obstruction Not Marked (Daylight) 6. Road Under Construction 7. Roadway Repairs 8. Obstruction - Previous Accident 9. Other - Specify in Remarks		COLLISION WITH OBJECT OBJECT STRUCK A. Guardrail B. Guardrail End Section C. Utility Pole D. Sign Post E. Railroad Post F. Bridge Culvert or Other Highway Structure G. Curb H. Curb or Safety Island I. Fence J. Rigid Barrier (Concrete) K. Crash Attenuator L. Dirt Embankment/Ditch/Barn (Mountainside) M. Wild Animal N. Domestic Animal O. Snow Embankment P. Mailbox Q. Traffic Channelization Device R. Tree Shrubbery S. Building Other Structure (Wall) T. Other		DRIVER VISION OBSCURED 1. Not Obscured 2. Rain, Snow, Etc. on Windshield 3. Windshield Otherwise Obscured By Vehicle Load 4. Vision Obscured By Vehicle Load 5. Trees, Crops, Etc. 6. Building 7. Embankment 8. Signboard 9. Hillcrest 10. Parked Vehicles 11. Moving Vehicles 12. Sun or Headlight Glare 13. Other		25 VEHICLE #1,3,5 26 VEHICLE #2,4,6 27 VEHICLE #1,3,5 28 VEHICLE #2,4,6 29 VEHICLE #1,3,5 30 VEHICLE #2,4,6		
5 LIGHT 1. Daylight 2. Dawn 3. Darkness Street or Highway Not Lighted 4. Darkness Street or Highway Lighted 5. Dusk		KIND OF LOCALITY 1. Manufacturing/Industrial 2. Shopping/Business 3. Residential 4. School 5. Farms and Fields 6. Open Country 7. Church 8. Playground 9. Railroad Tracks		PAVEMENT SURFACE TYPE 1. Concrete 2. Blacktop (Bituminous) 3. Brick or Block 4. Gravel, Stone 5. Dirt 6. Other		31 VEHICLE #1,3,5 32 VEHICLE #2,4,6 33 PEDESTRIAN 34 PEDESTRIAN 35 VEHICLE #1,3,5 36 VEHICLE #2,4,6 37 PEDESTRIAN 38 PEDESTRIAN		
6 ROADWAY FLOW 1. Divided Highway (Median Strip) 2. Divided Highway (Guardrail) 3. Divided Highway (Other Barrier, or Barrier Type Unknown) 4. Not Physically Divided 5. One Way Traffic 6. Unknown		Pedestrian/Bicyclist Action 01. Crossing At Intersection - With Signal 02. Crossing At Intersection - Against Signal 03. Crossing At Intersection - No Signal 04. Crossing At Intersection - Diagonally 05. Crossing Not At Intersection 06. Walking In Roadway - With Traffic 07. Walking In Roadway - Against Traffic 08. Standing on Median Island in Crosswalk 09. Other Standing In Roadway 10. Getting On or Off Bus 11. Getting On or Off Other Vehicle 12. Pushing or Working on Vehicle In Roadway 13. Other Working In Roadway 14. Playing In Roadway 15. Coming From Behind Parked Cars 16. Hitching on Vehicle 17. Lying In Roadway 18. Vending In Roadway 19. Other In Roadway 20. Not In Roadway		Alcohol/Drug Test 1. No Test 2. Blood 3. Breath 4. Other 5. Unknown 6. Refused 7. Post Mortem 8. Drug Scan		Alcohol/Drug Test Results Alcohol enter B.A.C. Drug enter. D.P. for Drug Scan Positive D.N. for Drug Scan Negative		
7 NUMBER OF LANES ON ROADWAY		8 NUMBER OF VEHICLES INVOLVED		WHICH VEHICLE OCCUPIED 1. Vehicle No. 1 2. Vehicle No. 2 O. Other		POSITION IN ON VEHICLE Addition Positions In and Outside of Vehicle 50. Sleeper Section of Cab (Truck) 51. Other Passenger in Enclosed Passenger or Cargo Area 52. Other Passenger in Unenclosed Passenger or Cargo Area (Motorcycle) 53. Riding on Vehicle Exterior 54. Trailing Unit 55. Unattended Vehicle 99. Unknown		
12 13 NAME		14 ADDRESS		AGE SEX SAFE EQUIP. INJURY TYPE CAUSE AREA EXTR. CAUTION EJECTION THROUGH WHAT AREA EJECTED?				

Utah

PLACE WHERE ACCIDENT OCCURRED

County

country

Indicate the county where the accident occurred. Do not abbreviate.

Code the two digit number representing the county using the following list:

01 Beaver	21 Iron	41 Sevier
03 Box Elder	23 Juab	43 Summit
05 Cache	25 Kane	45 Tooele
07 Carbon	27 Millard	47 Uintah
09 Daggett	29 Morgan	49 Utah
11 Davis	31 Piute	51 Wasatch
13 Duchesne	33 Rich	53 Washington
15 Emery	35 Salt Lake	55 Wayne
17 Garfield	37 San Juan	57 Weber
19 Grand	39 Sanpete	

Body Style/Type Code

Enter the body style or type of vehicle; for example, 2-door sedan, sta.wag., pickup, etc. Also put the two-digit code describing the vehicle type in the space provided by using the following codes:

01 Passenger car - regular	28 Other, Horse-drawn carriage (plane, etc.)
02 Passenger car - compact	30 ATV, 3 & 4 wheelers
03 Passenger car & house trailer	31 Truck & 2 short trailers (95' total length)
04 Passenger car & boat	32 Truck & long trailer (77' total length)
05 Passenger car & other trailer	33 Tractor - 2 short trailers (trailer up to 25' each)
06 Pickup or panel	34 Tractor - 2 trailers (95' total length)
07 Pickup or panel & house trailer	35 Tractor - 2 long trailers (permitted to 105' freeway)
08 Pickup or panel & boat	36 Tractor-long trailer-short trailer (96' total length)
09 Pickup or panel & other trailer	37 Tractor - 3 short trailers (permitted to 105' feet freeway)
10 Pickup or panel & public owned	38 Tractor & long trailer
11 Pickup with camper	40 Hit & Run Vehicle
12 Single Unit enclosed box (minimum 2 axles & 6 tires)	41 Cargo Tank
13 Truck & trailer	42 Passenger car w/vehicle in tow
14 Truck tractor-Bobtail (power unit only)	43 Pickup w/vehicle in tow
15 Tractor & short trailer	44 Tractor w/tractor in tow
16 Commercial Bus	45 Motorhome
17 School Bus	46 Motorhome w/boat or vehicle in tow
18 Motorcycle	47 Flatbed
19 Motorcycle - public owned	48 Dump Truck
20 Motor driven bicycle (scooter or moped)	49 Concrete Mixer
21 Ambulance - not emergency	50 Garbage/Refuse
22 Ambulance - emergency	51 Auto Transporter
23 Ambulance - public owned	
24 Farm tractor and/or equipment	
25 Special Mobile Equipment (Construction, Fire, UPSL, etc.)	
26 Truck & Mobile Home	

Safety Equipment

Indicate the types of safety equipment each driver or occupant(s) was using at the time of the accident. Use the following code list:

1 Lap belt used	7 Air bag inflated/without belts
2 Lap & shoulder belt used	8 Helmet worn
3 Belts not used	9 Eye protection used
4 Belts not installed	0 Helmet & eye protection used
5 Child restraints used	A Shoulder belt only
6 Air bag inflated with belts	B Other
	C Unknown

Extrication - Fill in appropriate number

- 0 - Not extricated
1 - Extricated
9 - Unknown

Ejection

- 1 - Not ejected
2 - Partially ejected
3 - Fully ejected

Description of Cargo

- A. General Freight
B. Household Goods
C. Heavy Machinery
D. Motor Vehicles
E. Gases in Bulk
F. Livestock

G. Solids in Bulk**H. Liquids in Bulk****I. Explosives/Hazardous Materials*****J. Refrigerated Foods****K. Empty****L. Other***

*List in accident description

EXAMPLE:**Body Style/Type Code**

13 Single Unit Truck



14 Truck and Short Trailer



15 Truck Tractor - Bobtail (Power Unit Only)



16 Tractor & short trailer



31 Truck and 2 Short Trailers



32 Truck and Long Trailer



33 Tractor - 2 Short Trailers



34 Tractor - 2 Trailers



35 Tractor - 2 Long Trailers



36 Tractor - Long Trailer Short Trailer



37 Tractor - 3 Short Trailers



38 Tractor & long trailer

**Disposition Of Vehicle Code**

- 1 Towed
2 Impounded
3 Retained by owner/driver
4 Hit and run

***Source of Carrier Name**

- 1 Side of truck
2 Paperwork
3 Driver

Injury Type-Cause Area**Type**

Indicate the type of injury suffered in the accident, using these codes:

- 1 - No injury
2 - Possible injury
3 - Bruises & abrasions
4 - Broken bones or bleeding wounds
5 - Fatal

Cause

Indicate the object that caused the injury using these codes:

- 1 - Steering Wheel
2 - Dashboard/Windshield
3 - Roof
4 - Other Interior
5 - Motorcycle handbars
6 - Motorcycle gas tank
7 - Exterior vehicle part
8 - External object

Area

Indicate the area of the victim's body that suffered the most severe injury using these codes:

- 1 - Head
2 - Face
3 - Neck
4 - Chest
5 - Back
6 - Leg(s)
7 - Arm(s)
8 - Torso
9 - Unknown

THIS REPORT MUST BE SENT TO THE COMMISSIONER OF MOTOR VEHICLES WITHIN THIRTY (30) DAYS PER 23 V.S.A. § 1016.

ROUTE CODE COUNTY/TOWN CODE EXACT LOCATION NO. OF VEN. NO. OF OCC. FATALITIES PERSONS INJ.		<div style="display: inline-block; text-align: center;"> STATE OF VERMONT AGENCY OF TRANSPORTATION DEPARTMENT OF MOTOR VEHICLES POLICE REPORT OF A MOTOR VEHICLE ACCIDENT </div>		POLICE NO. A.O.T. NO.	
TIME OF ACCIDENT DAY OF WEEK MONTH DAY YEAR		CITY OR TOWN COUNTY		MILE MARKER	
HIGHWAY OR STREET (PRIMARY ROUTE IF AT AN INTERSECTION)		INTERSECTING HIGHWAY, STREET, ROAD, ETC.		AREA TYPE R = RURAL U = URBAN	
IF ACCIDENT IS NOT AT AN INTERSECTION, HOW FAR IS IT TO THE NEAREST HIGHWAY, STREET, ROAD, BRIDGE, LANDMARK, ETC. FEET OR MILES (N. E. S. W.) OF					
OPERATOR: LAST NAME FIRST MIDDLE		ADDRESS (ON LICENSE)		CITY OR TOWN STATE	
OPERATOR'S LICENSE NO.		STATE LICENSE CLASS		pas. age sex left right injury	
YEARS DRIVING EXP. YEAR OF DR. ED. LICENSE RESTRICTIONS COMM. VEHI. YES NO		OP. COND. CODE TYPE OF TEST CODE PCT. CONTENTS HAZ. MAT. YES NO		1 front ctr. 2 front right 3 front left 4 rear ctr. 5 rear right 6 rear left	
OPERATOR'S SOC. SEC. # OPERATOR'S D. O. B. TRUCK/TRACTOR CBE COE		OWNER'S NAME		OWNER'S ADDRESS	
V.I. NO. PLATE NO. STATE		CYCLE C.C.		APPARENT PARTS VEHICLE DAMAGED CIRCLE NO. IN BOX FOR EACH AREA DAMAGED	
VEN. YR. VEN. MAKE MODEL TYPE		VEN. REPAIR COST TRAIL. REPAIR COST TOTAL COST		OPERATOR'S ESTIMATED SPEED	
TRAIL. YR. TRAILER MAKE TRAILER MODEL TRAILER PLATE NO.		VEHICLE REMOVED BY:		DIRECTION OF TRAVEL (N.E.S.W.U.)	
OPERATOR: LAST NAME FIRST MIDDLE		ADDRESS (ON LICENSE)		CITY OR TOWN STATE	
OPERATOR'S LICENSE NO.		STATE LICENSE CLASS		pas. age sex left right injury	
YEARS DRIVING EXP. YEAR OF DR. ED. LICENSE RESTRICTIONS COMM. VEHI. YES NO		OP. COND. CODE TYPE OF TEST CODE PCT. CONTENTS HAZ. MAT. YES NO		1 front ctr. 2 front right 3 front left 4 rear ctr. 5 rear right 6 rear left	
OPERATOR'S SOC. SEC. # OPERATOR'S D. O. B. TRUCK/TRACTOR CBE COE		OWNER'S NAME		OWNER'S ADDRESS	
V.I. NO. PLATE NO. STATE		CYCLE C.C.		APPARENT PARTS VEHICLE DAMAGED CIRCLE NO. IN BOX FOR EACH AREA DAMAGED	
VEN. YR. VEN. MAKE MODEL TYPE		VEN. REPAIR COST TRAIL. REPAIR COST TOTAL COST		OPERATOR'S ESTIMATED SPEED	
TRAIL. YR. TRAILER MAKE TRAILER MODEL TRAILER PLATE NO.		VEHICLE REMOVED BY:		DIRECTION OF TRAVEL (N.E.S.W.U.)	
PEDESTRIAN (OR BICYCLIST) NAME		ADDRESS		CITY OR TOWN STATE	
BIRTHDATE MON. DAY YR.		age sex cloth. code minor. code help. code injury. code cond. code test. code pet. code			
INJURY CODES		BELT CODES		CONDITION CODES	
TEST CODES		CLOTH CODES		MANR. CODES—WHAT PEDES. DOING	
TRUCK/TRACTOR CODES		COE CBE		BICYCLIST (mb) CODES	

TA-VA-08 7/94 JTB 30M

Original size document – 8-1/2 X 11

MISCELLANEOUS DATA	VEHICLE NO. 1 COLLIDED WITH (First Action)		VEHICLE COND. (Def. Equip.) V1 V2		SURFACE CONDITION		ROAD CHARACTER		ROAD COND. (check most serious)		TRAFFIC CONTROL (Highway Only)		MOTORCYCLE INFORMATION ONLY					
													Cycle 1		Cycle 2		Check off (✓) blocks only if answer is YES	
													OP	PS	OP	PS		
	1. Pedestrian		1. Brakes		1. Dry		1. Intersection		1. Potholes		1. Officer							Wore helmet
	2. MV in traffic		2. Tires		2. Wet		2. Bridge over		2. Frost heaves		2. Flagperson							Wore eye protection
	3. MV parked		3. Steering		3. Snow		3. Underpass		3. Snowdrift		3. Stoplight							Injured head
	4. RR train		4. Front lights		4. Ice		4. RR Crossing		4. Soft shldr.		4. Stop sign							Injured neck
	5. Pedalcycle		5. Rear lights		5. Muddy		5. Driveway		5. Const. area		5. Caution light							Injured chest
	6. Wild Animal		6. Exhaust		6. Slushy		6. Alley		6. Flooding		6. Yield sign							Injured back
	7. Domestic animal		7. Engine		7. Oily		7. Ramp off		7. Ice chunks		7. Lane markings							Injured arm or leg
	8. Snowmobile		8. Glass		8. Leaves		8. Ramp on		8. Debris		8. Special signs							Injured internally
	9. Other movable object		9. Other		9. Other		9. Other		9. Other		9. Other type							
	10. Overturned		10. Unknown		10. Unknown		10. Unknown		10. Unknown		10. Unknown							
11. Other, Non-collision		0. No defects		0. Not applicable		0. Not applicable		0. Not applicable		0. No control								
12. Guard rail, curb		ROAD TYPE		LIGHT CONDITION		ROAD DESIGN		WEATHER COND.		R.R. TRAFFIC COND.		PROPERTY DAMAGE OTHER THAN VEHICLE						
13. Tree		1. Blacktop	1. Dawn	1. Up/down hill	1. Clear	1. Officer	OWNER'S NAME AND ADDRESS											
14. Pole, sign		2. Gravel	2. Daylight	2. Top of hill	2. Raining	2. Flagperson												
15. Ledge, boulder		3. Dirt, trail	3. Dusk	3. Bot. of hill	3. Snowing	3. Gates	APPROXIMATE REPAIR COSTS \$											
16. Other Fixed object		4. Concrete	4. Dark	4. Level	4. Foggy	4. Crossbucks												
17. Mapped		5. Other	5. Dark-lighted	5. Unknown	5. Hailing	5. Flashing lights	VEH. NO. 1											
18. Motorcycle		0. Unknown	0. Unknown	0. Unknown	6. Cloudy only	6. Stop sign												
00. Unknown		PAVEMENT WIDTH		POSTED SPEED LIMIT		ROAD ALIGN		7. Steering		7. Warning sign		TOTAL WIDTH						
		TOTAL WIDTH		TOTAL WIDTH		1. Straight		9. Other		9. Other type								
						2. Slight curve		0. Unknown		10. No RR control		VEH. NO. 2						
						3. Sharp curve				0. Not applicable								
						0. Unknown						LIST WITNESSES OTHER THAN OCCUPANTS						
												LAST NAME FIRST NAME MIDDLE ADDRESS CITY OR TOWN STATE						
												VEH. NO. VEH. POS. APPARENT NATURE AND EXTENT OF INJURIES INJURED TAKEN TO WHOM TAKEN BY LEAVE BLANK HOSP. RESCUE						
												CAUSE						
												IN THE OFFICER'S OPINION WHAT FACTORS CONTRIBUTED TO THE CAUSE OF ACCIDENT						
												A. PRIMARY CAUSE B. OTHER CAUSES						
												LEAVE THIS BLOCK BLANK						
												COURT ACTION YES NO LIST LAW VIOLATIONS AND UTY NOS.						
												Cause of accident						
												Type of accident						
												Veh. no. 1 maneuver						
												Veh. no. 2 maneuver						
												Degree of curve						
												Percent of grade						
												Skid accident code						
												DEPARTMENT OR TROOP DEPT. TYPE DEPT. CODE OFFICER NOTIFIED OF ACCIDENT OFFICER ARRIVED AT SCENE						
												TIME MONTH DAY YEAR						
												DATE OF REPORT						
												RANK I.D. No.						
												OFFICIAL PHOTOS WERE TAKEN BY						
												DATE APPROVED:						
												Indicate if photos taken						
												Y = Yes N = No						

Pages 3 and 4 are for accident description and accident sketch, plus operator statements.		-3- STATE OF VERMONT AGENCY OF TRANSPORTATION DEPARTMENT OF MOTOR VEHICLES POLICE REPORT OF A MOTOR VEHICLE ACCIDENT		POLICE NO. _____	
		A.O.T. NO. _____		_____	
		_____		_____	
NAMES OF INVOLVED PERSONS		ENTER OPERATOR'S RESIDENCE IF IT IS NOT THE SAME AS THE OPERATOR'S LICENSE ADDRESS	SCHOOL BUS TYPE (I OR II)	IF VEHICLE WAS TRANSPORTING A HAZARDOUS MATERIAL, GIVE NAME OF MATERIAL BELOW.	
OPERATOR NO. 1:		_____	_____	_____	
INSURANCE CARD? <input type="checkbox"/> NO <input type="checkbox"/> YES	COMPANY		POLICY #	NAME OF INSURED	
OPERATOR NO. 2:		_____	_____	_____	
INSURANCE CARD? <input type="checkbox"/> NO <input type="checkbox"/> YES	COMPANY		POLICY #	NAME OF INSURED	
PEDESTRIAN(S) (or BICYCLIST)		_____	_____	_____	
REFER TO EACH VEHICLE BY NUMBER:			TYPE I - CAPACITY OF 17 OR MORE TYPE II - CAPACITY OF 16 OR LESS		
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); padding-right: 10px;"> DESCRIBE THE ACCIDENT IN DETAIL </div> <div style="flex-grow: 1;"></div> </div>					

Vermont

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Original size document – 8-1/2 X 11

COMMONWEALTH OF VIRGINIA - DEPARTMENT OF MOTOR VEHICLES																	
POLICE ACCIDENT REPORT																	
DMV COPY FR 300P (REV. 1/90)																	
PAGE _____ OF _____ PAGES																	
ACCIDENT DATE Month Day Year			DAY OF WEEK		TIME AM PM		COUNTY OF ACCIDENT			MILE POST NUMBER		RAILROAD CROSSING ID. NO. IF WITHIN 150 FEET					
1 CITY OR TOWN							LANDMARKS AT SCENE			NUMBER OF VEHICLES		OFFICIAL USE ONLY					
ROUTE NO. OR STREET NAME AT SCENE																	
AT INTERSECTION WITH OR _____ MILES _____ FEET _____ N _____ S _____ E _____ W _____ OF							ROUTE NUMBER OR STREET NAME										
2 DRIVER'S NAME (LAST, FIRST, MIDDLE)							OCCUPATION			VEHICLE NO. 2 (OR PEDESTRIAN)			OCCUPATION				
3 ADDRESS (STREET & NO.)							YEARS OF DRIVING EXPERIENCE			ADDRESS (STREET & NO.)			YEARS OF DRIVING EXPERIENCE				
CITY			STATE		ZIP CODE		CITY			STATE		ZIP CODE					
4 DATE OF BIRTH Month Day Year		SEX	DRIVER'S LICENSE NUMBER		<input type="checkbox"/> DL <input type="checkbox"/> CDL	STATE	DATE OF BIRTH Month Day Year		SEX	DRIVER'S LICENSE NUMBER		<input type="checkbox"/> DL <input type="checkbox"/> CDL	STATE				
VEHICLE OWNER'S NAME (LAST, FIRST, MIDDLE)							VEHICLE OWNER'S NAME (LAST, FIRST, MIDDLE)										
ADDRESS (STREET & NO.)							ADDRESS (STREET & NO.)										
5 CITY							STATE		ZIP CODE		CITY			STATE		ZIP CODE	
MAKE & TYPE OF VEHICLE (SHOW MOPED, MOTORCYCLE, AMBULANCE, ETC...)							YEAR	REPAIR COST	MAKE & TYPE OF VEHICLE (SHOW MOPED, MOTORCYCLE, AMBULANCE, ETC...)							YEAR	REPAIR COST
<input type="checkbox"/> CMV <input type="checkbox"/> HAZMAT							<input type="checkbox"/> CMV <input type="checkbox"/> HAZMAT										
6 LICENSE PLATE NUMBER			STATE	NAME OF INSURANCE CO. (NOT AGENT)			LICENSE PLATE NUMBER			STATE	NAME OF INSURANCE CO. (NOT AGENT)						
DAMAGE TO PROPERTY OTHER THAN VEHICLES		OBJECT STRUCK (TREE, FENCE, ETC.)			OWNER'S NAME (LAST, FIRST, MIDDLE)			ADDRESS			REPAIR COST						
7 VEHICLE NO. 1 DAMAGE CHECK POINTS OF IMPACT		ACCIDENT DIAGRAM										VEHICLE NO. 2 DAMAGE CHECK POINTS OF IMPACT					
FRONT												FRONT					
SPEED												SPEED					
BEFORE ACCIDENT												BEFORE ACCIDENT					
LIMIT												LIMIT					
MAXIMUM SAFE												MAXIMUM SAFE					
VEHICLE NO. 1 DAMAGES:		VEHICLE NO. 2 DAMAGES:															
1 UNKNOWN		1 UNKNOWN															
2 NO DAMAGE		2 NO DAMAGE															
OVERTURNED 3		OVERTURNED 3															
UNDERCARRIAGE 5		UNDERCARRIAGE 5															
BY FIRE 7		BY FIRE 7															
TOTALLED 6		TOTALLED 6															
OTHER 8		OTHER 8															
ACCIDENT DESCRIPTION																	
OFFENSES CHARGED																	
DRIVER:																	
9 10 11 12 13 14 15 16 NAMES OF INJURED - IF DECEASED, INCLUDE DATE OF DEATH																	
A																	
B																	
C																	
D																	
E																	
TROOPER/OFFICER'S NAME					BADGE/CODE NUMBER			DEPARTMENT NAME AND CODE NUMBER			REVIEWING OFFICER		DATE REPORT FILED				

Virginia

[illegible]

ROADWAY SURFACE CONDITION

1 DRY
2 WET
3 SNOW

4 ICE
5 OTHER *

WEATHER

1 CLEAR, CLOUDY & OVERCAST
2 RAINING
3 SNOWING

4 FOG
5 OTHER *

LIGHT CONDITIONS

1 DAYLIGHT
2 DAWN
3 DUSK
4 DARK STREET LIGHTS ON

5 DARK STREET LIGHTS OFF
6 DARK NO STREET LIGHTS
7 OTHER *

TRAFFIC CONTROL

1 SIGNALS
2 STOP SIGN
3 YIELD SIGN
4 FLASHING RED
5 FLASHING AMBER

6 RR SIGNAL
7 OFFICER / FLAGMAN
8 OTHER TRAFFIC CONTROL *

9 NO TRAFFIC CONTROL

TYPE OF ROADWAY

1 ONE WAY
2 TWO WAY
3 REVERSIBLE ROAD
4 INTERCHANGE LOOP ROAD

5 ALLEY
6 CENTER LANE - TWO WAY LEFT TURN LANES
7 DRIVEWAY

ROADWAY STRUCTURE

1 OCCURRED ON ROADWAY STRUCTURE (ON BRIDGE, OVERPASS, DOCK, ETC.)
2 DID NOT OCCUR ON STRUCTURE

CONSTRUCTION AREA

1 OCCURRED IN CONSTRUCTION AREA (HIGHWAY, UTILITY, ETC.)
2 DID NOT OCCUR IN CONSTRUCTION AREA

ROADWAY CHARACTER

1 STRAIGHT & LEVEL
2 STRAIGHT & GRADE
3 STRAIGHT AT HILLCREST
4 STRAIGHT IN SAG

5 CURVE & LEVEL
6 CURVE & GRADE
7 CURVE AT HILLCREST
8 CURVE IN SAG

ROADWAY SEPARATION

2 DIVIDED
3 UNDIVIDED

ROADWAY SURFACE TYPE

1 CONCRETE
2 BLACKTOP
3 BRICK OR WOOD BLOCK
4 GRAVEL

5 DIRT
6 OTHER *
7 UNKNOWN

SPECIAL HAZARDOUS DRIVING CONDITIONS (DUST, WIND GUSTS, SMOKE, ETC.) *

CHECK (✓) HERE AND EXPLAIN IN DESCRIPTION AREA

HAZARDOUS MATERIALS BEING TRANSPORTED (IDENTIFY IN DESCRIPTION AREA)

1 FLAMMABLE LIQUID
2 CORROSIVE MATERIAL
3 EXPLOSIVES
4 RADIO ACTIVE MATERIALS

5 AMMONIA
6 CHLORINE
7 OTHER *

PEDESTRIAN/PEDALCYCLIST WAS USING:

1 SIDEWALK
2 WALKWAY
3 SHOULDER
4 MARKED XWALK

5 UNMARKED XWALK
6 OTHER *
7 DESIGNATED BIKE ROUTE

PEDESTRIAN/PEDALCYCLIST CLOTHING COLOR

1 DARK
2 LIGHT
3 MIXED

4 RETRO-REFLECTIVE
5 OTHER REFLECTIVE APPAREL-SHOES -PATCHES *

PEDESTRIAN/PEDALCYCLIST (CONTRIBUTING CIRCUMSTANCES)

1. INTOXICATED
2. DISREGARDED TRAFFIC CONTROLS
3. FAILURE TO YIELD RIGHT OF WAY TO VEHICLE
4. INATTENTION

5. ON WRONG SIDE OF ROAD
6. UNDER INFLUENCE OF DRUGS
7. HITCHHIKING
8. PEDALCYCLE NOT LIGHTED
9. FAILURE TO USE XWALK

CONTRIBUTING CIRCUMSTANCES (NOT MORE THAN TWO)

1 UNDER INFLUENCE OF ALCOHOL
2 UNDER INFLUENCE OF DRUGS
3 EXCEEDING STATED SPEED LIMIT
4 EXCEEDING REAS. SAFE SPEED
5 DID NOT GRANT R/W TO VEHICLE
6 IMPROPER PASSING
7 FOLLOWING TOO CLOSELY
8 OVER CENTER LINE

9 STOPPED IN ROADWAY
10 STARTING IN TRAFFIC LANE
11 STARTING FROM PARKED POSITION
12 MERGING (ENTERING TRAFFIC)
13 LEGALLY PARKED, OCCUPIED
14 LEGALLY PARKED, UNOCCUPIED
15 BACKING
16 GOING WRONG WAY ON DIVIDED HIGHWAY

17 OTHER * (LIST IN DESCRIPTION AREA)
18 NONE
19 IMPROPER SIGNAL
20 IMPROPER "U" TURN
21 LIGHT VIOLATION: NO LIGHTS-FAIL TO DIM TO PEDESTRIAN
22 DID NOT GRANT R/W TO PEDESTRIAN
23 DRIVER INATTENTION
24 IMPROPER BACKING

DRIVER/VEHICLE ACTIONS (ONE OR MORE)

1 GOING STRAIGHT AHEAD
2 OVERTAKING AND PASSING
3 MAKING RIGHT TURN
4 MAKING LEFT TURN
5 MAKING U-TURN
6 SLOWING
7 STOPPED FOR TRAFFIC
8 STOPPED AT SIGNAL OR STOP SIGN

9 STOPPED IN ROADWAY
10 STARTING IN TRAFFIC LANE
11 STARTING FROM PARKED POSITION
12 MERGING (ENTERING TRAFFIC)
13 LEGALLY PARKED, OCCUPIED
14 LEGALLY PARKED, UNOCCUPIED
15 BACKING
16 GOING WRONG WAY ON DIVIDED HIGHWAY


17 GOING WRONG WAY ON ONE WAY ST. OR RD.
18 GOING WRONG WAY ON ONE WAY ST. OR RD.
19 OTHER *
20 CHANGING LANES
21 ILLEGALLY PARKED, OCCUPIED
22 ILLEGALLY PARKED, UNOCCUPIED

VEHICLE CONDITION (ONE OR MORE)

1 DEFECTIVE BRAKES
2 DEFECTIVE HEADLIGHTS
3 DEFECTIVE REAR LIGHTS
4 TIRES WORN OR SMOOTH
5 TIRES PUNCTURED OR BLOWN

6 LOST A WHEEL
7 DEFECTIVE STEER MECH.
8 POWER FAILURE
9 HEADLIGHTS GLARING
10 OTHER LIGHTS/REFLECTORS INSUFFICIENT

11 OTHER DEFECTS *
12 NO DEFECTS
13 MOTORCYCLE- LIGHTS OFF
14 EQUIPPED WITH STUDDIED TIRES
15 MOTORCYCLE WINDSHIELD INSTALLED
16 TRUCK-TRAILER SAFETY INSPECTION



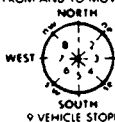
STATE OF WASHINGTON

POLICE TRAFFIC COLLISION REPORT

WSP-AR-159 (R 6/92)

① UNIT NO. 1
② UNIT NO. 2 (VEH., PED., BIKE)
* DESCRIBE IN THE COLLISION DESCRIPTION AREA + CODES DESCRIBED BELOW
SEE REVERSE SIDE FOR INSTRUCTIONS

DIRECTION OF MOVEMENT (INDICATE BY NUMBER THE FROM AND TO MOVEMENT)



1 NORTH
2 SOUTH
3 EAST
4 WEST

9 VEHICLE STOPPED
0 VEHICLE BACKING

POSTED SPEED

MILES PER HOUR FOR EACH VEHICLE INVOLVED.

SOBRIETY

1 HBD ABILITY IMPAIRED
2 HBD ABILITY NOT IMPAIRED
3 HBD SOBRIETY UNKNOWN
4 HAD NOT BEEN DRINKING

CHEMICAL TEST

98 TEST GIVEN
99 TEST REFUSED

TEST RESULTS LIST ACTUAL TEST RESULTS IN 100ths

VEHICLE LEGALLY STANDING

1 YES
2 NO

PEDESTRIAN ACTION

1. XING AT INT.—W/SIG.
2. XING AT INT.—AGST. SIG.
3. XING AT INT.—NO SIG.
4. XING AT INT.—DIAG.
5. FROM BEHIND PARKED VEH.
6. XING-NON INT.—NO XWALK
7. XING-NON INT.—IN XWALK

8. WALK'G IN RDWY W/TRAFF.
9. WALK'G IN RDWY OPP. TRAF.
10. WALK'G ON RDWY SHLDR WITH TRAFFIC
11. WALK'G ON RDWY SHLDR OPPOSITE TRAFFIC
12. STANDING OR WORKING IN ROADWAY
13. PUSH'G OR WORK'G ON VEH.


14. PLAY'G IN ROADWAY
15. LYING IN ROADWAY
16. NOT IN ROADWAY
17. ALL OTHER ACTIONS *
18. FELL OR PUSHED INTO PATH OF VEHICLE
19. AT INTERSECTION, NOT USING CROSSWALK

PEDALCYCLIST ACTION

43 XING DIAGONALLY
44 RIDING WITH TRAFFIC
45 RIDING AGAINST TRAFFIC
46 FELL OR PUSHED INTO PATH OF VEHICLE

47 CYCLIST TURNED INTO PATH OF VEHICLE
48 CYCLIST TURNED INTO PATH OF VEHICLE - OPPOSITE DIRECTION
49 ALL OTHER ACTIONS *
50 XING OR ENTERING TRAFFIC WAY

+ THE FOLLOWING CODES ARE USED TO DESCRIBE THE DRIVER OCCUPANT INJURY CLASS RESTRAINT SYSTEM EJECTION AND MOTORCYCLE SAFETY DATA

(1) STATUS	(2) SEAT POSITION	(3) INJURY CLASS	(4) RESTRAINT SYSTEMS	(5) EJECTION	(6) MOTORCYCLE SAFETY
2 PASSENGER 3 PEDESTRIAN 4 BICYCLIST 5 OTHER 6 WITNESS	 <p>7 OTHER POSITION 8 POSITION UNKNOW 9 MOTORCYCLE 0 OUTSIDE OF VEHICLE</p>	1 NO INJURY 2 DEAD AT SCENE 3 DEAD ON ARRIVAL 4 DIED IN HOSPITAL 5 DISABLING INJURY 6 NON DISABLING INJURY 7 POSSIBLE INJURY	1 NO RESTRAINTS USED 2 LAP BELT USED 3 SHOULDER BELT USED 4 LAP & SHOULDER BELT USED 5 CHILD RESTRAINT USED 6 NON ACTIVATED AIR BAG 7 BELTS IN USE	7 NON ACTIVATED AIR BAG 8 AIR BAG ACTIVATED 9 AIR BAG IN USE 0 AIR BAG ACTIVATED 0 BELTS USED 0 RESTRAINTS UNKNOWN	1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 UNKNOWN # EJECTED 0 NOT STATED 1 HELMET USED 2 HELMET NOT USED

DMV-17-F
REV. 4-85

WEST VIRGINIA UNIFORM TRAFFIC ACCIDENT REPORT

SHEET ____ OF ____

PHOTOS TAKEN: YES NO
BY WHOM

Date of Accident		M T W Th F S Sun		Time of Accident		ACCIDENT REPORTED BY:		1 <input type="checkbox"/> State Police 3 <input type="checkbox"/> Sheriff		Time of Notification		Time of Arrival	
		1 2 3 4 5 6 7		HRS.				2 <input type="checkbox"/> City Police 4 <input type="checkbox"/> Other		HRS.		HRS.	
COUNTY				<input type="checkbox"/> IN CITY OR TOWN				HIGHWAY CLASSIFICATION					
				<input type="checkbox"/> NEAR				1 <input type="checkbox"/> Interstate 3 <input type="checkbox"/> WV 5 <input type="checkbox"/> City					
ACCIDENT OCCURRED ON:				ROUTE 1				2 <input type="checkbox"/> U.S. 4 <input type="checkbox"/> County 6 <input type="checkbox"/> Other					
AT INTERSECTION WITH:				ROUTE 2				IF ON CONTROLLED ACCESS HIGHWAY, CHECK ONE					
				STREET 1				1 <input type="checkbox"/> Main Road					
				STREET 2				2 <input type="checkbox"/> Main Road at Interchange					
								3 <input type="checkbox"/> Entrance Ramp On N S E W Side					
								4 <input type="checkbox"/> Exit Ramp On N S E W Side					
IF NOT AT INTERSECTION:				<input type="checkbox"/> FEET <input type="checkbox"/> MILES				STREET, HIGHWAY, TOWN ETC.					
				N S E W OF				CODE					
IF LOCATION CAN BE DESCRIBED MORE PRECISELY, ENTER HERE								MILEPOST					
SPECIAL REFERENCE:								TOLERANCE					

DRIVER'S FULL NAME				ADDRESS				CITY				STATE			
DATE OF BIRTH				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE				DRIVER LICENSE NUMBER				STATE			
CITATION NUMBER								CITATION CHARGE							
DRIVER CONDITION:				1 <input type="checkbox"/> Normal 3 <input type="checkbox"/> Asleep 5 <input type="checkbox"/> Other				TYPE SOBRIETY TEST GIVEN				TEST RESULTS: DRINKING: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused Test			
2 <input type="checkbox"/> Sleepy 4 <input type="checkbox"/> Ill 6 <input type="checkbox"/> Unknown												BAC			
DRIVER ACTION:				1 <input type="checkbox"/> Going Straight Ahead 4 <input type="checkbox"/> U - Turning 7 <input type="checkbox"/> Parking 10 <input type="checkbox"/> Merging 13 <input type="checkbox"/> Entering or Leaving Driveway											
2 <input type="checkbox"/> Turning Right 5 <input type="checkbox"/> Changing Lanes 8 <input type="checkbox"/> Parked 11 <input type="checkbox"/> Slowing or Stopping 14 <input type="checkbox"/> Pulling Out from Parking Space															
3 <input type="checkbox"/> Turning Left 6 <input type="checkbox"/> Passing 9 <input type="checkbox"/> Backing 12 <input type="checkbox"/> Stopped in Traffic Lane 15 <input type="checkbox"/> Other															
OWNER'S FULL NAME <input type="checkbox"/> SAME AS DRIVER				ADDRESS				CITY				STATE			
YEAR				MAKE				MODEL				STYLE			
LICENSE PLATE NUMBER				STATE				YEAR				SERIAL NUMBER			
ODOMETER READING				DIRECTION TRAVEL: (If turning, enter direction BEFORE turn.)				N S E W ON ROUTE <input type="checkbox"/> 1 ABOVE (Or Street) <input type="checkbox"/> 2				CIRCLE POINT OF INITIAL IMPACT (Circle Only One)			
TOTAL OCCUPANTS OF THIS VEHICLE:				AREA(S) DAMAGED: (Use Codes at Far Right)				APPROXIMATE COST TO REPAIR \$				<input type="checkbox"/> Total Loss			
AUTO LIABILITY INSURANCE YES <input type="checkbox"/> NO <input type="checkbox"/>				INSURANCE COMPANY											
CONTRIBUTING CIRCUMSTANCES: (Check One or More)				4 <input type="checkbox"/> Changing Lanes Improperly 11 <input type="checkbox"/> Turning Improperly 18 <input type="checkbox"/> Driver Under Influence											
5 <input type="checkbox"/> Following Too Closely 12 <input type="checkbox"/> Passing Improperly 19 <input type="checkbox"/> Pedestrian Under Influence															
6 <input type="checkbox"/> Disregarded Traffic Control 13 <input type="checkbox"/> Parking Improperly 20 <input type="checkbox"/> Slippery Pavement															
7 <input type="checkbox"/> Did Not Have Right of Way 14 <input type="checkbox"/> Backing Improperly 21 <input type="checkbox"/> Other Roadway Defects															
8 <input type="checkbox"/> Failure to Maintain Control 15 <input type="checkbox"/> Avoiding Animal or Vehicle 22 <input type="checkbox"/> Previous Accident															
9 <input type="checkbox"/> Driving Under Minimum Speed 16 <input type="checkbox"/> Distraction Inside Vehicle 23 <input type="checkbox"/> Mech. Defect Code															
10 <input type="checkbox"/> No Signal or Improper Signal 17 <input type="checkbox"/> Walking Violation															

VEHICLE TOWED TO:

DRIVER'S FULL NAME				ADDRESS				CITY				STATE			
DATE OF BIRTH				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE				DRIVER LICENSE NUMBER				STATE			
CITATION NUMBER								CITATION CHARGE							
DRIVER CONDITION:				1 <input type="checkbox"/> Normal 3 <input type="checkbox"/> Asleep 5 <input type="checkbox"/> Other				TYPE SOBRIETY TEST GIVEN				TEST RESULTS: DRINKING: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused Test			
2 <input type="checkbox"/> Sleepy 4 <input type="checkbox"/> Ill 6 <input type="checkbox"/> Unknown												BAC			
DRIVER ACTION:				1 <input type="checkbox"/> Going Straight Ahead 4 <input type="checkbox"/> U - Turning 7 <input type="checkbox"/> Parking 10 <input type="checkbox"/> Merging 13 <input type="checkbox"/> Entering or Leaving Driveway											
2 <input type="checkbox"/> Turning Right 5 <input type="checkbox"/> Changing Lanes 8 <input type="checkbox"/> Parked 11 <input type="checkbox"/> Slowing or Stopping 14 <input type="checkbox"/> Pulling Out from Parking Space															
3 <input type="checkbox"/> Turning Left 6 <input type="checkbox"/> Passing 9 <input type="checkbox"/> Backing 12 <input type="checkbox"/> Stopped in Traffic Lane 15 <input type="checkbox"/> Other															
OWNER'S FULL NAME <input type="checkbox"/> SAME AS DRIVER				ADDRESS				CITY				STATE			
YEAR				MAKE				MODEL				STYLE			
LICENSE PLATE NUMBER				STATE				YEAR				SERIAL NUMBER			
ODOMETER READING				DIRECTION TRAVEL: (If turning, enter direction BEFORE turn.)				N S E W ON ROUTE <input type="checkbox"/> 1 ABOVE (Or Street) <input type="checkbox"/> 2				CIRCLE POINT OF INITIAL IMPACT (Circle Only One)			
TOTAL OCCUPANTS OF THIS VEHICLE:				AREA(S) DAMAGED: (Use Codes at Far Right)				APPROXIMATE COST TO REPAIR \$				<input type="checkbox"/> Total Loss			
AUTO LIABILITY INSURANCE YES <input type="checkbox"/> NO <input type="checkbox"/>				INSURANCE COMPANY											
CONTRIBUTING CIRCUMSTANCES: (Check One or More)				4 <input type="checkbox"/> Changing Lanes Improperly 11 <input type="checkbox"/> Turning Improperly 18 <input type="checkbox"/> Driver Under Influence											
5 <input type="checkbox"/> Following Too Closely 12 <input type="checkbox"/> Passing Improperly 19 <input type="checkbox"/> Pedestrian Under Influence															
6 <input type="checkbox"/> Disregarded Traffic Control 13 <input type="checkbox"/> Parking Improperly 20 <input type="checkbox"/> Slippery Pavement															
7 <input type="checkbox"/> Did Not Have Right of Way 14 <input type="checkbox"/> Backing Improperly 21 <input type="checkbox"/> Other Roadway Defects															
8 <input type="checkbox"/> Failure to Maintain Control 15 <input type="checkbox"/> Avoiding Animal or Vehicle 22 <input type="checkbox"/> Previous Accident															
9 <input type="checkbox"/> Driving Under Minimum Speed 16 <input type="checkbox"/> Distraction Inside Vehicle 23 <input type="checkbox"/> Mech. Defect Code															
10 <input type="checkbox"/> No Signal or Improper Signal 17 <input type="checkbox"/> Walking Violation															

VEHICLE TOWED TO:

DAMAGE	DAMAGED PROPERTY OTHER THAN VEHICLES		<input type="checkbox"/> ON PAVEMENT OR _____ FEET N S E W OF PAVEMENT EDGE		Approx. Damage \$											
	OWNER'S NAME		ADDRESS		CITY STATE											
CODES	INJURY CLASSIFICATION K—Killed A—Bleeding Wound, Distorted Member, or Had to Be Carried from Scene. B—Bruises, Abrasions, Swelling, Limping, Etc. C—No Visible Injury But Complaint of Pain or Momentary Unconsciousness. O—Not Injured		FIRST AID BY 1—None 2—Police 3—Emergency Medical Technician 4—Doctor 5—Rescue Squad 6—Helicopter Crew 7—Paramedic 8—Unknown		SEATING <table border="1" style="display: inline-table; text-align: center; width: 40px;"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td></tr> </table> M—Motorcycle B—Bicycle P—Pedestrian O—Other NOTE: Positions 7, 8 and 9 Indicate Rear of Station Wagon.	1	2	3	4	5	6	7	8	9	SEAT BELTS 1—None Installed 2—Not Used 3—Lap Belt Only Used 4—Lap and Shoulder Belts Used 5—Unknown 6—Child Safety Seat	EJECTED 1—No 2—Yes 3—Partially 4—Unknown
	1	2	3													
4	5	6														
7	8	9														
HAZARDOUS CARGO ___ 0—No ___ 1—Yes ___ 2—Unknown		EXTRICATION ___ 0—Not Extricated ___ 1—Extricated ___ 2—Unknown		FIRE OCCURRENCE ___ 0—No Fire ___ 1—Fire Occurred in Vehicle During Accident												
ACCIDENT					AGE	SEX	VEH. NO.	INJURY	FIRST AID	SEAT-ING	SEAT BELTS	EJECT-ED				
	EST. TIME EMS WAS CALLED		EST. TIME EMS ARRIVED		EST. TIME EMS DEPARTED		PERSONS INVOLVED DRIVER 1: → DRIVER 2: →									
PERSONS INVOLVED	HRS.		HRS.		HRS.											
	NAME		ADDRESS													
INJURED TAKEN TO:					INJURED TAKEN BY:											
ACCIDENT TYPE	1 <input type="checkbox"/> Rear End 2 <input type="checkbox"/> Head On 3 <input type="checkbox"/> Same Direction Sideswipe 4 <input type="checkbox"/> Opp. Direction Sideswipe						SINGLE VEHICLE ACCIDENT ACCIDENT OCCURRED <input type="checkbox"/> ON <input type="checkbox"/> OFF PAVEMENT 18 <input type="checkbox"/> Hit Fixed Object 22 <input type="checkbox"/> Hit Train 19 <input type="checkbox"/> Hit Pedestrian 23 <input type="checkbox"/> Ran Off Road 20 <input type="checkbox"/> Hit Animal 24 <input type="checkbox"/> Overturned 21 <input type="checkbox"/> Hit Parked Vehicle 25 <input type="checkbox"/> Other									
	NAME OF WITNESS		ADDRESS		CITY		STATE		AGE		SEX					
WITNESSES																
PEDEST	PEDESTRIAN ACTION: Clothing: <input type="checkbox"/> Light <input type="checkbox"/> Dark		1 <input type="checkbox"/> Crossing at Intersection 2 <input type="checkbox"/> Crossing Not at Intersection 3 <input type="checkbox"/> Walking on Pavement With Traffic		4 <input type="checkbox"/> Walking on Pavement Facing Traffic 5 <input type="checkbox"/> Standing on Pavement 6 <input type="checkbox"/> Playing on Pavement		7 <input type="checkbox"/> Working on Pavement 8 <input type="checkbox"/> Other on Pavement 9 <input type="checkbox"/> Not on Pavement									
	LIGHT 1 <input type="checkbox"/> Daylight 2 <input type="checkbox"/> Dark 3 <input type="checkbox"/> Dark, Artificial Lights 4 <input type="checkbox"/> Dusk 5 <input type="checkbox"/> Dawn		WEATHER 1 <input type="checkbox"/> Clear 2 <input type="checkbox"/> Cloudy 3 <input type="checkbox"/> Raining 4 <input type="checkbox"/> Fog, Smog 5 <input type="checkbox"/> Snowing or Sleet 6 <input type="checkbox"/> Hailing		ROADWAY SURFACE 1 <input type="checkbox"/> Dry 2 <input type="checkbox"/> Wet 3 <input type="checkbox"/> Snow, Ice 4 <input type="checkbox"/> Muddy 5 <input type="checkbox"/> Hazardous Material		ROAD TYPE 1 <input type="checkbox"/> Blacktop 2 <input type="checkbox"/> Concrete 3 <input type="checkbox"/> Brick 4 <input type="checkbox"/> Gravel 5 <input type="checkbox"/> Dirt 6 <input type="checkbox"/> Other		TRAFFIC CONTROL 1 <input type="checkbox"/> Stop Sign 2 <input type="checkbox"/> Traffic Signal 3 <input type="checkbox"/> Yield Sign 4 <input type="checkbox"/> Officer, Flagman 5 <input type="checkbox"/> RR Gates, Signals 6 <input type="checkbox"/> None 7 <input type="checkbox"/> Other <input type="checkbox"/> Yes <input type="checkbox"/> No FUNCTIONING?		VISION OBSCURED BY 1 <input type="checkbox"/> Not Obscured 2 <input type="checkbox"/> Rain, Snow, Ice on Windshield 3 <input type="checkbox"/> Trees, Bushes 4 <input type="checkbox"/> Building(s) 5 <input type="checkbox"/> Embankment 6 <input type="checkbox"/> Signboard 7 <input type="checkbox"/> Hillcrest 8 <input type="checkbox"/> Parked Vehicle(s) 9 <input type="checkbox"/> Moving Vehicle(s) 10 <input type="checkbox"/> Blinding Headlights 11 <input type="checkbox"/> Blinding Sunlight 12 <input type="checkbox"/> Other 13 <input type="checkbox"/> Unknown					
ENVIRONMENT	WERE LANES CLEARLY MARKED? <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF LANES:													
	NAME OF INVESTIGATING OFFICER					UNIT NUMBER		POLICE AGENCY								
The date in this report reflects my best judgment and knowledge.										DATE						
INVESTIGATING OFFICER'S SIGNATURE:																

DRAW ARROW POINTING
NORTH IN CIRCLE



COLLISION DIAGRAM

DESCRIBE WHAT HAPPENED (Refer to Vehicles by Number)

NARRATIVE

West Virginia

ATTACH ADDITIONAL STATEMENT SHEETS AS NEEDED

☐ Amended Document ☐ On Emergency

6006748

Wisconsin Motor Vehicle Accident Report

Please Do Not Write In This Microfilm Space

Document Number Override

0

INSTRUCTIONS
Please use a
Black Ink Pen
or #2 Pencil.
Mark Areas as follows:
Correct Mark
Incorrect Mark

County
MUN/TWP

Accident Date
MONTH DAY YEAR

Time of Accident
(Military Time)
HOUR MIN.

Total Number
UNITS INJURED KILLED

Government Property
Photos Taken (Narrative)
Truck or Bus (Last Page)
Construction Zone

Sheet No.
Of

ACCIDENT LOCATION

☐ Public Highway, Intersection/Related
☐ Public Highway, Non-Intersection
☐ Parking Lot
☐ Private Property or Road

LATITUDE (GPS) Degrees: 12 Minutes: Seconds: LONGITUDE (GPS) Degrees: 13 Minutes: Seconds:											
Hwy No. and / Street Name											
Estimated											
House # Fire # Other											
Utility # Railroad #											
Agency Space											
Special Study											
Unit Number Unit Type Total Number of Occupants Direction of Travel (Before the Accident)											
Operator Last Name First M.I.											
Speed Limit											
ADDRESS Street & Number											
City & State ZIP Phone Number ()											
Driver's License Number State Exp. Year											
Date of Birth Sex Operating as Classified: Class (Mark Only One) Endorse (Mark All That Apply)											
On Duty Accident											
Severity SEAT SAFETY AIRBAG EJECTED											
TRAPPED/EXTORTIONATED											
Vehicle Owner Last Name First M.I.											
Street Address											
City & State ZIP Phone Number ()											
Year of Vehicle Make Model Body Style Color											
Vehicle ID Number											
License Plate Number Plate Type State Exp. Year											
Policy Holder's Name											
Liability Insurance Company											
Occupant Unit Number											
NAME Last First M.I.											
Date of Birth Sex											
Severity SEAT SAFETY AIRBAG											
Address Same as Operator											
EJECTED											
TRAPPED/EXTORTIONATED											
Medical Transport											
Agency Space											
MV4000 1293											
EMS Number											

Occupant Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	NAME Last First M.I.	Date of Birth	Sex (M) (F)	Severity (K) (N) (A) (B) (C)	SEAT Position (N) (F)	SAFETY Equipment	AIRBAG ① Deployed ② Non Deployed ③ Not Applicable ④ Unknown
	ADDRESS Street & Number City & State ZIP						
Address Same as Operator Yes No	EJECTED ① Not Applicable ② Not Ejected ③ Totally Ejected ④ Partially Ejected ⑤ Unknown	TRAPPED/EXTRICATED ① Not Applicable ② Not Trapped ③ Trapped/Extricated ④ Trapped/Not Extricated ⑤ Unknown	Medical Transport (Y) (N)	Agency Space			

Type of Accident

First Harmful Event 80

Most Harmful Event

Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
(select one per vehicle)	

Collision With Object Not Fixed

① Motor Vehicle in Transport	①
② Parked Motor Vehicle	②
③ Motorcycle	③
④ Pedalcycle	④
⑤ Pedestrian	⑤
⑥ Railway Train	⑥
⑦ Other Animal	⑦
⑧ Motor Vehicle in Transport in Other Roadway	⑧
⑨ Other Object (Not Fixed)	⑨

Collision With Fixed Object

① Traffic Sign Post	①
② Traffic Signal	②
③ Utility Pole	③
④ Lum. Light Support	④
⑤ Other Post	⑤
⑥ Tree	⑥
⑦ Building	⑦
⑧ Guardrail Face	⑧
⑨ Guardrail Post	⑨
⑩ Median Barrier	⑩
⑪ Bridge Pier/Abut.	⑪
⑫ Bridge/Pier/Abut.	⑫
⑬ Impact Infrastructure	⑬
⑭ Overhead Sign Post	⑭
⑮ Bridge Rail	⑮
⑯ Culvert	⑯
⑰ Tunnel	⑰
⑱ Curb	⑱
⑲ Retaining Wall	⑲
⑳ Fence	⑳
㉑ Other Fixed Object	㉑
㉒ Unknown	㉒

Non-Collision

① Overturn	①
② Fire/Explosion	②
③ Immersion	③
④ Jackknife	④
⑤ Other Non-Collision	⑤

Driver Condition

Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
---------------------------------------	---------------------------------------

88 Driver Factors (Or Pedestrians)

① Appeared Normal	①
② Reduced Alertness	②
③ Motor Impaired	③
④ Not Observed	④

89 Presence

① Neither Alcohol nor Drugs Present	①
② Yes—Alcohol Present	②
③ Yes—Drugs Present	③
④ Yes—Alcohol & Drugs Present	④
⑤ Unknown	⑤

90 Alcohol

AC Value	AC Value
① Not Tested	①
② Test Refused	②
③ Test Given, Alcohol Unknown	③
④ Test Given, No Alcohol Reported	④

91 Drugs

① Not Tested	①
② Test Refused	②
③ Test Given, Drugs Unknown	③
④ Test Given, No Drugs Reported	④
⑤ Drugs Reported (Specify Below)	⑤
⑥ Marijuana	⑥
⑦ Cocaine	⑦
⑧ Opiates	⑧
⑨ Amphetamines	⑨
⑩ PCP	⑩
⑪ Other Drug Medication	⑪
⑫ Type Unknown	⑫

Unit # ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

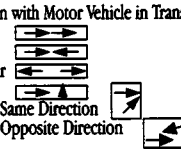
Pedestrian 92

Location
① In Crosswalk
② In Roadway
③ Not in Roadway
④ On Sidewalk

Action
① Walking not Facing Traffic
② Disregarded Signal
③ Darting into Road
④ Dark Clothing
⑤ Walking Facing Traffic

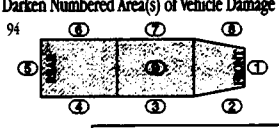
Manner of Collision 93

① No Collision with Motor Vehicle in Transport
② Rear-end
③ Head On
④ Rear to Rear
⑤ Angle
⑥ Sideswipe, Same Direction
⑦ Sideswipe, Opposite Direction
⑧ Unknown



Unit # ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Darken Numbered Area(s) of Vehicle Damage 94



① None
② Undercarriage
③ Total (Damage to all Areas)
④ Other
⑤ Unknown

Extent of Damage 95

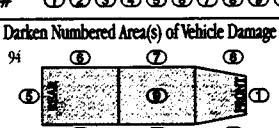
① None	④ Severe
② Very Minor	⑤ Very Severe
③ Minor	⑥ Unknown
⑦ Moderate	

Vehicle Towed Due to Damage! ① (N) 96

Vehicle Removed By: 97

Unit # ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Darken Numbered Area(s) of Vehicle Damage 94



① None
② Undercarriage
③ Total (Damage to all Areas)
④ Other
⑤ Unknown

Extent of Damage 95

① None	④ Severe
② Very Minor	⑤ Very Severe
③ Minor	⑥ Unknown
⑦ Moderate	

Vehicle Towed Due to Damage! ① (N) 96

Vehicle Removed By: 97

Fixed Object Struck

Unit	Unit	Unit	Unit	Unit	Unit
82					

Govt. Damage Tag # 83

PROPERTY Last First M.I.

OWNER 84

ADDRESS Street & Number City & State ZIP Phone Number () 87

98 Draw Diagram of Accident & Indicate North with an arrow in the circle.

99 **Pictorial Representation of Narrative**

Supplemental Reports 101 ☐ (N) Witness Statements 102 ☐ (N) Measurements Taken 103 ☐ (N)

Statements to Inspect
Unit 1 100 Unit 2

Subject _____
Type _____

N 104 _____
A _____
R _____
R _____
A _____
T _____
I _____
V _____
E _____

106 Power Unit # _____
 License Plate # _____
 Trailer Make _____
 Towed Unit _____
 VIN _____
 State _____
 Exp. Yr. _____

WITNESS Last First MI
 NAME 107 _____
 ADDRESS Street & Number Date of Birth
 108 _____ 109 _____
 City & State ZIP Phone
 110 _____ Number 111 ()

ACCESS CONTROL 112
☐ 1 No Control (Unlimited Access)
☐ 2 Full Control (Only Ramp Entry/Exit)
☐ 3 Partial Control

TRAFFIC WAY 115
☐ 1 Not Physically Divided (2-Way Traffic)
☐ 2 Divided Highway, Median Strip, without Traffic Barrier
☐ 3 Divided Highway, Median Strip, with Traffic Barrier
☐ 4 One-Way Traffic
☐ 5 Parking Lot or Private Property

RELATION TO ROADWAY 117
☐ 1 On Roadway
☐ 2 Parking Lot or Private Property
☐ 3 Shoulder (Other than Shoulder within Median or Gore)
☐ 4 Median (Other than Median within Gore)
☐ 5 Outside Shoulder—Left
☐ 6 Outside Shoulder—Right
☐ 7 Off Roadway—Location Unknown
☐ 8 Gore (Area between Ramp & Highway)
☐ 9 On Ramp
☐ 10 Unknown

ROAD TERRAIN 113
 Part A
☐ 1 Straight
☐ 2 Curve
 Part B
☐ 3 Level/Flat
☐ 4 Hill

ROAD SURFACE CONDITION 116
☐ 1 Dry
☐ 2 Wet
☐ 3 Snow/Slush
☐ 4 Ice
☐ 5 Sand, Mud, Dirt, Oil
☐ 6 Other
☐ 7 Unknown

LIGHT CONDITION 114
☐ 1 Daylight
☐ 2 Dark—Not Lighted
☐ 3 Dark—Lighted
☐ 4 Dawn
☐ 5 Dusk
☐ 6 Unknown

WEATHER 118
☐ 1 Clear
☐ 2 Cloudy
☐ 3 Rain
☐ 4 Snow
☐ 5 Fog, Smog, Smoke
☐ 6 Sleet, Hail (Freezing Rain or Drizzle)
☐ 7 Blowing Sand, Soil, Dirt, Snow
☐ 8 Severe Crosswinds
☐ 9 Other
☐ 10 Unknown

Photos By:
 105 _____

What Drivers Were Doing

Unit Number	Unit Number
1 2 3 4 5	1 2 3 4 5
6 7 8 9 10	6 7 8 9 10

119

1	Going Straight	11
2	Making Left Turn	12
3	Making Right Turn	13
4	Slowing or Stopping	14
5	Stopped in Traffic	15
6	Legally Parked	16
7	Violating No-Parking Zone	17
8	Illegally Parked	18
9	Parking Maneuver	19
10	Backing Maneuver	20
11	Changing Lanes	21
12	Overtaking on left	22
13	Overtaking on right	23
14	Making U Turn	24
15	Turning on red	25
16	Merging	26
17	Negotiating Curve	27
18	Other	28

Traffic Control

Unit Number	Unit Number
1 2 3 4 5	1 2 3 4 5
6 7 8 9 10	6 7 8 9 10

120

1	No Control	11
2	Traffic Signal Operating	12
3	Traffic Signal Flashing	13
4	Stop Sign	14
5	Stop Sign with Flasher	15
6	Warning	16
7	Warn sign with Flasher	17
8	Yield Sign	18
9	Traffic Control Person	19
10	RR-crossing Signal	20
11	Other	21

5684933

Officer's Opinion of Possible Contributing Circumstances

Document Number 5684933
227

Driver Factors	
Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	122
① N/A	① N/A
① Exceeding Speed Limit	①
② Speed too Fast/Condition	②
③ Fall in Right Right of Way	③
④ Inattentive Driving	④
⑤ Following too Close	⑤
⑥ Improper Turn	⑥
⑦ Lack of Control	⑦
⑧ Disregarded Traffic Control	⑧
⑨ Improper Overtaking	⑨
⑩ Unsafe Backing	⑩
⑪ Failure to use Control	⑪
⑫ Driver Condition	⑫
⑬ Physically Disabled	⑬
⑭ Other	⑭

Vehicle Factors	
Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	123
① N/A	① N/A
① Brake System	①
② Tires	②
③ Steering System	③
④ Turn Signals	④
⑤ Horn/Lights	⑤
⑥ Stop Lamps	⑥
⑦ Exhaust System	⑦
⑧ Disabled in Prior Accident	⑧
⑨ Windshield	⑨
⑩ Mirrors	⑩
⑪ Suspension System	⑪
⑫ Other	⑫

Highway Factors	
Unit Number ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	124
① N/A	① N/A
① Narrow shoulder	①
② Soft Shoulder	②
③ Rough Pavement	③
④ Other Debris	④
⑤ Narrow Bridge	⑤
⑥ Visibility Obscured	⑥

OFFICER INFORMATION

Last	First	M.I.
125		
Law Enforcement Agency Address		
126		
City & State		
127		
Phone Number		
() 128		
Agency #	Enforcement Agency	Officer ID #
129	130	131

Date Notified		Time Notified (Military Time)		Time Arrived (Military Time)		Date of Report	
MONTH	DAY	HOUR	MIN.	HOUR	MIN.	MONTH	DAY
Jan	132	133		134		Jan	135
Feb	136	137		138		Feb	139
Mar	140	141		142		Mar	143
Apr	144	145		146		Apr	147
May	148	149		150		May	151
June	152	153		154		June	155
July	156	157		158		July	159
Aug	160	161		162		Aug	163
Sept	164	165		166		Sept	167
Oct	168	169		170		Oct	171
Nov	172	173		174		Nov	175
Dec	176	177		178		Dec	179

Truck & Bus Accident Information

(This Section Must Be Completed for Each Truck or Bus Involved in this Accident.)

When To Use This Section:	Did the accident involve...	136
Part A		
A truck with a hazardous materials placard?	① ②	
A truck with a hazardous materials placard?	③ ④	
A truck with a hazardous materials placard?	⑤ ⑥	
STOP! If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section. If there are any "YES" answers, continue to Part B.		
Part B		
Any person who was fatally injured?	① ②	
Any person who was seriously injured?	③ ④	
One or more vehicles that had to be towed from the scene as a result of the accident?	⑤ ⑥	
One or more vehicles that were damaged?	⑦ ⑧	
STOP! If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Accident Information Section.		

Hazardous Material Information	
137	Hazardous Material Class Numbers (1-2 digit):
	Hazardous Material "UN" Numbers (4 digit):
	Hazardous Material Placard Displayed?
	Hazardous Cargo was Released?
List the Hazardous Material(s) by name in this load:	
List the Name(s) of Released Hazardous Material(s):	

Carrier Information		Carrier Identification Numbers		Source:	
139	140	US DOT	141	① Vehicle Side	141
142	143	ICC MC	144	② Shipping Papers	
145	146	ICC MC	147	③ Trip Manifest	
148	149	Carrier Address	150	④ Driver	
151	152		153	⑤ Log Book	
Vehicle Information		Gross Vehicle Weight Rating		Total # of Axles	
154		155		156	
Vehicle Configuration		Cargo Body Type			
157		158			
① Bus		① Bus			
② Single unit truck 3+ axles		② Concrete Mixer			
③ Truck/Tractor		③ Auto Transporter			
④ Single unit truck 2 axles, 6 tires		④ Cargo Tank			
⑤ Truck/Trailer		⑤ Flatbed			
⑥ Tractor/Semi-Trailer		⑥ Dump			
⑦ Tractor/Trailers		⑦ Log Truck			
⑧ Log Truck					
⑨ Unknown Heavy Truck					
SEQUENCE OF EVENTS FOR THIS VEHICLE					
159					
① ② ③ ④ Jackknife					
① ② ③ ④ Collision involving parked motor vehicle					
① ② ③ ④ Collision involving moving motor vehicle					
① ② ③ ④ Collision involving bicyclist					
① ② ③ ④ Collision involving animal					
① ② ③ ④ Collision involving fixed object					
① ② ③ ④ Collision involving other object					
① ② ③ ④ Other					

MOTOR VEHICLE FATAL SUPPLEMENT REPORTWisconsin Department of Transportation
MV3480 8911. Document Number
(From MV4000)**ACCIDENT INFORMATION**

2. Accident Date (Mo-Day-Yr)	3. No. of Travel Lanes	4. Time Ambulance NOTIFIED AM PM	5. Time Ambulance Arrived at SCENE AM PM	6. Time Ambulance Arrived at HOSPITAL AM PM
7. Roadway Surface Type 1 Concrete 2 Blacktop (Bituminous) 3 Brick or Block 4 Slag, Gravel or Stone 5 Dirt 8 Other	8. Roadway Profile 1 Level 2 Grade 3 Hillcrest 4 Sag	9. Special Jurisdiction 0 No Special Jurisdiction 1 National Park Service 2 Military 3 Indian Reservation 4 College/University Campus 5 Other Federal Properties	10. Relation To Roadway 1 On Roadway 2 Shoulder 3 Median 4 Roadside 5 Outside Right of Way 6 Off Roadway - Location Unknown 7 In Parking Lane 8 Gore	11. Trafficway Flow 1 Not Physically Divided (Two Way Trafficway) 2 Divided Highway, Median Strip (Without Traffic Barrier) 3 Divided Highway, Median Strip (With Traffic Barrier) 4 One Way Trafficway

VEHICLE INFORMATION

12. Special Use 0 No Special Use 1 Taxi 2 Vehicle Used as School Bus 3 Vehicle Used as Other Bus 4 Military 5 Police 6 Ambulance 7 Fire Truck	13. Emergency Use Y/N See s.340.01(3), 346.03 Wis. Stats.	14. Fire Y/N	15. Estimated Travel Speed
Unit 1	Unit 1	Unit 1	Unit 1
Unit 2	Unit 2	Unit 2	Unit 2
Unit 3	Unit 3	Unit 3	Unit 3

SURVIVING DRIVER INFORMATION

Unit 1	16. NAME First MI Last	17. Ejected Y/N	18. Extricated Y/N
19. Alcohol Test Given Y/N	21. Alcohol Test Type - Circle One 1. Evidential Test - Circle One 1A. Breath; 1B. Blood; 1C. Urine 2. Preliminary Breath Test (PBT) 3. Behavioral 4. Passive Alcohol Sensor (PAS) 5. Observed	22. Drug Test Given Y/N	23. Drug Test Type - Circle One Blood Urine
20. Alcohol Test Results - Circle One 1. Actual-Give Results 2. Test Refused 3. Results Unknown	Results	24. Drug Test Results - Circle One 1. No Drugs Reported 2. Drugs Reported - Specify 3. Tested, Results Unknown	
Unit 2	NAME First MI Last	Ejected Y/N	Extricated Y/N
Alcohol Test Given Y/N	Alcohol Test Type - Circle One 1. Evidential Test - Circle One 1A. Breath; 1B. Blood; 1C. Urine 2. Preliminary Breath Test (PBT) 3. Behavioral 4. Passive Alcohol Sensor (PAS) 5. Observed	Drug Test Given Y/N	Drug Test Type - Circle One Blood Urine
Alcohol Test Results - Circle One 1. Actual-Give Results 2. Test Refused 3. Results Unknown	Results	Drug Test Results - Circle One 1. No Drugs Reported 2. Drugs Reported - Specify 3. Tested, Results Unknown	
Unit 3	NAME First MI Last	Ejected Y/N	Extricated Y/N
Alcohol Test Given Y/N	Alcohol Test Type - Circle One 1. Evidential Test - Circle One 1A. Breath; 1B. Blood; 1C. Urine 2. Preliminary Breath Test (PBT) 3. Behavioral 4. Passive Alcohol Sensor (PAS) 5. Observed	Drug Test Given Y/N	Drug Test Type - Circle One Blood Urine
Alcohol Test Results - Circle One 1. Actual-Give Results 2. Test Refused 3. Results Unknown	Results	Drug Test Results - Circle One 1. No Drugs Reported 2. Drugs Reported - Specify 3. Tested, Results Unknown	

FATALITY INFORMATION

25. Name - First MI Last	26. Ejected Y/N	27. Extricated Y/N	28. Date of Death	29. Time of Death
1.				AM PM
2.				AM PM
3.				AM PM
30. Officer Completing Report - Print Name	31. Officer ID No	32. Enforcement Agency Name	33. Report Date	

Wisconsin

Fatal Supplement Report Instructions

In the event of a fatal motor vehicle accident, complete this form MV3480 and mail it to:

Traffic Accident Section
 Wisconsin Department of Transportation
 P O Box 7919
 Madison WI 53707-7919

This form is necessary to comply with the requirements of the National Fatal Accident Reporting System (FARS).

1. Document Number (From MV4000) - In the box located in the upper right corner of this form, enter the document number from the corresponding MV4000 accident report.
3. No. of Travel Lanes - Enter ONE of the following:
 A. The total number of travel lanes on an undivided roadway.
 OR
 B. The total number of lanes in ONE direction on a divided highway.
6. If fatalities all occur on-scene, code the arrival time at the hospital of the next most severely injured person.
10. Relation to Roadway - Enter the number that indicates where the first harmful event occurred.
15. Estimated Travel Speed - Enter the estimated travel speed for EACH vehicle involved in the accident. Make sure the speed indicated is the estimated speed prior to the accident and NOT the estimated impact speed. If travel speed was not estimated, enter "unknown."
18. & 27. Extricated - Enter "Y" for YES if extrication equipment or other force had to be used to remove the person from the vehicle.
21. Alcohol Test Type - Indicate the method used to determine if alcohol was consumed by the surviving driver. If more than one type of test was given, indicate the lowest numbered test for the test type.

SHEET _____ OF _____

Wyoming

DIAGRAM/NARRATIVE

CASE NO

Wyoming

246

STATE OF WYOMING INVESTIGATOR'S TRAFFIC ACCIDENT REPORT

SIDE A

Wyoming

<p>1 Road Surface</p> <ol style="list-style-type: none"> 1. CONCRETE 2. BLACKTOP (asphalt) 3. GRAVEL / ROCK 4. DIRT 5. BRICK / STONE 	<p>NOTE! If an answer is unknown, enter "X"</p> <p>Enter a dash (-) in box if question does not apply.</p>	<p>COLLISION WITH:</p> <ol style="list-style-type: none"> 1. PEDESTRIAN 2. MOTOR VEHICLE IN TRANSPORT 3. MOTOR VEHICLE ON OTHER ROADWAY. 4. PARKED MOTOR VEHICLE 5. RAILWAY TRAIN 6. PEDACYCLE (bicycle, etc.) 7. DOMESTIC ANIMAL* 8. WILD ANIMAL* 9. OTHER OBJECT (not fixed) 	<p>First Harmful Event</p> <p>34</p>																																												
<p>4 Light Conditions</p> <ol style="list-style-type: none"> 1. DAYLIGHT 2. DARKNESS, NOT LIGHTED 3. DARKNESS, LIGHTED 4. DAWN OR DUSK 	<p>If a selection is used with an * asterisk, explain in accident description.</p>	<p>NON-COLLISION:</p> <ol style="list-style-type: none"> 10. OVERTURN 11. FIRE / EXPLOSION 12. CARBON MONOXIDE INHALATION 13. FALLING / JUMPING / PUSHED FROM VEHICLE 14. INJURED BY BEING THROWN AGAINST PART OF VEHICLE 15. IMMERSION / SUBMERSION 39. OTHER NON-COLLISION* 	<p>Second Event</p> <p>40</p>																																												
<p>5 Road Conditions</p> <table style="width: 100%;"> <tr> <td>1. DRY</td> <td>4. SNOWY</td> <td>7. SLIPPERY (OIL, FUEL, ETC.)</td> </tr> <tr> <td>2. WET</td> <td>5. MUDDY</td> <td></td> </tr> <tr> <td>3. ICY</td> <td>6. SLUSH</td> <td></td> </tr> </table>	1. DRY	4. SNOWY	7. SLIPPERY (OIL, FUEL, ETC.)	2. WET	5. MUDDY		3. ICY	6. SLUSH			<p>COLLISION WITH FIXED OBJECT:</p> <p>GUARDRAIL:</p> <table style="width: 100%;"> <tr> <td>16. END</td> <td>30. DELINEATOR POST</td> </tr> <tr> <td>17. PROTECTING SIGN</td> <td>31. BRIDGE STRUCTURE</td> </tr> <tr> <td>18. PROTECTS STRUCTURE</td> <td>32. UTILITY POLE / FIXTURE (light, power, signal, fire hydrant, etc.)</td> </tr> <tr> <td>19. IN MEDIAN</td> <td>33. BARRICADE/TRAFFIC BARRELS</td> </tr> <tr> <td>20. ALONG FILL</td> <td>34. EARTH EMBANKMENT / BERM / DITCH</td> </tr> <tr> <td>21. OTHER GUARDRAIL</td> <td>35. SNOW EMBANKMENT</td> </tr> <tr> <td>22. TREE / SHRUBBERY</td> <td>36. CRASH CUSHION (impact attenuator)</td> </tr> <tr> <td>23. CUT SLOPE</td> <td>37. MAILBOXES</td> </tr> <tr> <td>24. ROAD APPROACH</td> <td>38. BRIDGE RAILING</td> </tr> <tr> <td>25. ROCK / BOULDER</td> <td>40. STOP SIGN</td> </tr> <tr> <td>26. END OF DRAINAGE PIPE / STRUCTURE</td> <td>41. YIELD SIGN</td> </tr> <tr> <td>27. BUILDING/OTHER STRUCTURE (wall)</td> <td>42. OTHER SIGN</td> </tr> <tr> <td>28. FENCE</td> <td>43. OTHER FIXED OBJECT*</td> </tr> <tr> <td>29. RAISED MEDIAN / CURB</td> <td></td> </tr> </table>	16. END	30. DELINEATOR POST	17. PROTECTING SIGN	31. BRIDGE STRUCTURE	18. PROTECTS STRUCTURE	32. UTILITY POLE / FIXTURE (light, power, signal, fire hydrant, etc.)	19. IN MEDIAN	33. BARRICADE/TRAFFIC BARRELS	20. ALONG FILL	34. EARTH EMBANKMENT / BERM / DITCH	21. OTHER GUARDRAIL	35. SNOW EMBANKMENT	22. TREE / SHRUBBERY	36. CRASH CUSHION (impact attenuator)	23. CUT SLOPE	37. MAILBOXES	24. ROAD APPROACH	38. BRIDGE RAILING	25. ROCK / BOULDER	40. STOP SIGN	26. END OF DRAINAGE PIPE / STRUCTURE	41. YIELD SIGN	27. BUILDING/OTHER STRUCTURE (wall)	42. OTHER SIGN	28. FENCE	43. OTHER FIXED OBJECT*	29. RAISED MEDIAN / CURB		<p>VEHICLE #1 39</p> <p>VEHICLE #2 40</p>							
1. DRY	4. SNOWY	7. SLIPPERY (OIL, FUEL, ETC.)																																													
2. WET	5. MUDDY																																														
3. ICY	6. SLUSH																																														
16. END	30. DELINEATOR POST																																														
17. PROTECTING SIGN	31. BRIDGE STRUCTURE																																														
18. PROTECTS STRUCTURE	32. UTILITY POLE / FIXTURE (light, power, signal, fire hydrant, etc.)																																														
19. IN MEDIAN	33. BARRICADE/TRAFFIC BARRELS																																														
20. ALONG FILL	34. EARTH EMBANKMENT / BERM / DITCH																																														
21. OTHER GUARDRAIL	35. SNOW EMBANKMENT																																														
22. TREE / SHRUBBERY	36. CRASH CUSHION (impact attenuator)																																														
23. CUT SLOPE	37. MAILBOXES																																														
24. ROAD APPROACH	38. BRIDGE RAILING																																														
25. ROCK / BOULDER	40. STOP SIGN																																														
26. END OF DRAINAGE PIPE / STRUCTURE	41. YIELD SIGN																																														
27. BUILDING/OTHER STRUCTURE (wall)	42. OTHER SIGN																																														
28. FENCE	43. OTHER FIXED OBJECT*																																														
29. RAISED MEDIAN / CURB																																															
<p>7 Weather</p> <table style="width: 100%;"> <tr> <td>1. CLEAR / CLOUDY</td> <td>4. FOG</td> <td>7. GROUND BLIZZARD</td> </tr> <tr> <td>2. RAINING</td> <td>5. DUST</td> <td>8. SLEET / HAIL /</td> </tr> <tr> <td>3. SNOWING</td> <td>6. STRONG WIND ONLY</td> <td>FREEZING RAIN</td> </tr> </table>	1. CLEAR / CLOUDY	4. FOG	7. GROUND BLIZZARD	2. RAINING	5. DUST	8. SLEET / HAIL /	3. SNOWING	6. STRONG WIND ONLY	FREEZING RAIN																																						
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<p>9 Road Alignment for Vehicle #1</p> <table style="width: 100%;"> <tr> <td>1. STRAIGHT & LEVEL</td> <td>5. CURVE & LEVEL</td> </tr> <tr> <td>2. STRAIGHT - DOWN GRADE</td> <td>6. CURVE - DOWN GRADE</td> </tr> <tr> <td>3. STRAIGHT - UP GRADE</td> <td>7. CURVE - UP GRADE</td> </tr> <tr> <td>4. STRAIGHT - HILLCREST</td> <td>8. CURVE - HILLCREST</td> </tr> <tr> <td></td> <td>9. OTHER *</td> </tr> </table>	1. STRAIGHT & LEVEL	5. CURVE & LEVEL	2. STRAIGHT - DOWN GRADE	6. CURVE - DOWN GRADE	3. STRAIGHT - UP GRADE	7. CURVE - UP GRADE	4. STRAIGHT - HILLCREST	8. CURVE - HILLCREST		9. OTHER *																																					
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<p>Vehicle Code for Persons Involved</p> <ol style="list-style-type: none"> 1. OCCUPANT VEHICLE #1 2. OCCUPANT VEHICLE #2 3. PEDACYCLIST 4. PEDESTRIAN 5. MOTORCYCLIST 6. OTHER * 	<p>Position of Persons Involved</p> <table style="width: 100%;"> <tr> <td>1. DRIVER</td> <td>17. IN CAMPER / SHELL / TRUCK CARGO AREA</td> </tr> <tr> <td>2.-9. PASSENGERS</td> <td>18. LYING DOWN - FRONT</td> </tr> <tr> <td>10. HANGING / RIDING ON OUTSIDE</td> <td>19. LYING DOWN - REAR</td> </tr> <tr> <td>11. PEDACYCLIST</td> <td></td> </tr> <tr> <td>12. PEDESTRIAN</td> <td></td> </tr> <tr> <td>13. MOTORCYCLIST</td> <td></td> </tr> <tr> <td>14. TRUCK SLEEPER</td> <td></td> </tr> <tr> <td>15. OTHER *</td> <td></td> </tr> <tr> <td>16. PICKUP BED - OPEN</td> <td></td> </tr> </table>	1. DRIVER	17. IN CAMPER / SHELL / TRUCK CARGO AREA	2.-9. PASSENGERS	18. LYING DOWN - FRONT	10. HANGING / RIDING ON OUTSIDE	19. LYING DOWN - REAR	11. PEDACYCLIST		12. PEDESTRIAN		13. MOTORCYCLIST		14. TRUCK SLEEPER		15. OTHER *		16. PICKUP BED - OPEN		<p>Adverse Road Conditions</p> <ol style="list-style-type: none"> 1. UNDER CONSTRUCTION / REPAIR 2. REDUCED ROAD WIDTH 3. DEBRIS, LOOSE MATERIAL ON SURFACE 4. LANE MARKINGS FADED or MISSING 5. TRAFFIC CONTROL DEVICE MISSING or DISABLED 6. OBSTRUCTED BY PREVIOUS ACCIDENT 7. WORN / POLISHED SURFACE 8. NO UNUSUAL ROAD CONDITION 9. OTHER * 	<p>WYOMING DEPARTMENT OF TRANSPORTATION</p>																										
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STATE OF WYOMING INVESTIGATOR'S TRAFFIC ACCIDENT REPORT

FORM PR-802-B
REV JAN 91

PR-802 OVERLAY CARD

SIDE B

Pedestrian Involvement 1. CROSSING AT INTERSECTION OR CROSSWALK 2. NOT CROSSING AT INTERSECTION OR CROSSWALK 3. WALKING ALONG ROADWAY WITH TRAFFIC 4. WALKING ALONG ROADWAY AGAINST TRAFFIC 5. STANDING IN ROADWAY 6. PUSHING / WORKING ON MOTOR VEHICLE 7. PLAYING IN ROADWAY 8. LAYING IN ROADWAY 9. GETTING ON OR OFF VEHICLE 10. WORKING IN ROADWAY 11. NOT IN ROADWAY (shoulder, ditch, etc.) 12. OTHER *		Truck Data Supplement (Over 10,000 GVW) 1. NO TRUCK INVOLVED (place dash in boxes 32, 33, 35-38) Principal Type of Cargo 2. GENERAL FREIGHT 3. HOUSEHOLD GOODS 4. HEAVY MACHINERY 5. MOTOR VEHICLES 6. GASES IN BULK 7. LIVESTOCK 8. SOLIDS IN BULK 9. LIQUIDS IN BULK 10. EXPLOSIVES / HAZARDOUS MATERIALS 11. EMPTY OR PARTIAL LOAD 12. REFRIGERATED FOODS 13. OTHER *	
Vehicle Type 1. PASSENGER CAR 2. PICKUP 3. PICKUP WITH CAMPER 4. TRUCK 5. MOTORCYCLE 6. BICYCLE 7. MOTORHOME / RV 8. BUS 9. VAN or MINI BUS 10. SCHOOL BUS 11. CONSTRUCTION / ROAD MAINTENANCE EQUIPMENT 12. FARM TRACTOR / EQUIPMENT 13. SNOWMOBILE 14. MOPED 15. AMBULANCE 16. POLICE 17. FIRE VEHICLE 18. SEMI-TRACTOR & TRAILER 19. SEMI-TRACTOR ONLY 20. OTHER *		Type of Accident - Trucks (Over 10,000 GVW) 1. RAN OFF ROADWAY 2. JACKKNIFE 3. OVERTURN 4. SEPARATION OF UNITS 5. FIRE 6. LOSS / SPILLAGE OF CARGO 7. CARGO SHIFT 8. OTHER *	
Visual Obstructions 1. VISION NOT OBSCURED 2. BUILDINGS 3. VEGETATION (trees, hedges) 4. RAIN / SNOW / ICE ON WINDSHIELD 5. EMBANKMENT (snow, rock, dirt, etc.) 6. HILLCREST 7. SUN or HEADLIGHT GLARE 8. FOG / DUST / SMOKE or BLOWING SNOW 9. OTHER VEHICLE 10. DRIVER'S VEHICLE * 11. OTHER *		Type of Truck / Trailer Body (TRUCKS OVER 10,000 GVWR) 1. VAN 2. FLATBED 3. TANK 4. AUTO CARRIER 5. DUMP 6. CONCRETE MIXER 7. GARBAGE / REFUSE 8. OTHER *	
Trailer Style 1. NO TRAILER 2. CAMPING TRAILER 3. MOBILE HOME 4. UTILITY TRAILER 5. BOAT TRAILER 6. TOWED VEHICLE 7. SINGLE TRUCK TRAILER 8. DOUBLE TRUCK TRAILER 9. HORSE TRAILER 10. TRIPLE TRUCK TRAILER 11. OTHER *		Most Apparent Human Contributing Factor (Officer's Opinion Only) 1. ALCOHOL INVOLVEMENT 2. FELL ASLEEP 3. FOLLOWING TOO CLOSE 4. ILLNESS 5. FAILURE TO YIELD 6. BACKING UNSAFELY 7. TURNING IMPROPERLY 8. UNSAFE SPEED FOR CONDITIONS 9. TRAFFIC CONTROL DISREGARDED 10. PRESCRIPTION / MEDICATION 11. PHYSICAL DISABILITY 12. DISTRACTION * 13. IMPROPER SIGNAL or NO SIGNAL 14. DRUGS SUSPECTED (ILLEGAL) 15. IMPROPER PASSING 16. PEDESTRIAN ERROR or CONFUSION 17. DRIVER INEXPERIENCE 18. DRIVER INATTENTION 19. NO APPARENT VIOLATIONS 20. DRIVER FATIGUE 21. NO DRIVER / PARKED 22. OTHER *	
Relationship to Roadway Junction 1. NONJUNCTION 2. INTERSECTION 3. INTERSECTION RELATED 4. DRIVEWAY ACCESS		Driver Activity Prior to Accident 1. GOING STRAIGHT AHEAD or ON CURVE 2. SLOWING 3. STOPPING IN TRAFFIC 4. MAKING RIGHT TURN 5. MAKING LEFT TURN 6. MAKING U TURN 7. PASSING 8. BACKING 9. ENTERING OR LEAVING PARKED POSITION 10. STARTING IN TRAFFIC 11. PARKED 12. CHANGING LANES 13. AVOIDING OBJECT IN ROADWAY 14. DRIVING STOLEN VEHICLE 15. EVADING LAW ENFORCEMENT OFFICER 16. ROAD OR RIGHT-OF-WAY MAINTENANCE 17. OTHER *	
Mechanical Defects 1. NO APPARENT DEFECTS 2. LIGHTS or SIGNALS 3. BRAKES 4. EXHAUST SYSTEM 5. DRIVELINE 6. WHEELS or TIRES 7. STEERING or OVERWEIGHT 8. OVERSIZED LOAD ON VEHICLE 9. TOW HITCH DEFECT 10. WIPERS or DEFROSTERS 11. STALLED VEHICLE 12. ALTERED SUSPENSION * 13. OTHER *		Direction of Travel 1. NORTH 2. NE 3. EAST 4. SE 5. SOUTH 6. SW 7. WEST 8. NW 9. Vehicle direction PRIOR to turn or loss of control.	
Severity of Motor Vehicle Damage 1. DISABLING (towed away) 2. FUNCTIONAL DAMAGE 3. OTHER M.V. DAMAGE (appearance) 4. OTHER PROPERTY DAMAGE (no damage to motor vehicle) 5. NO DAMAGE		Alcohol Test Results 1. NO TEST PERFORMED 2. REFUSED 3. CHEYENNE PUBLIC HEALTH LAB 4. BLOOD 5. BREATH 6. URINE 7. OTHER * TEST DONE LOCALLY: 7. BLOOD 8. BREATH 9. URINE 10. OTHER * 0.00 to 0.45 Alcohol Test	

ESTADO LIBRE ASOCIADO DE PUERTO RICO
POLICIA DE PUERTO RICO
Informe de Accidente de Tránsito

Núm. Querrela _____
Núm. Informe _____
Area _____

Puerto Rico

1. Fecha (Día-Mes-Año)		2. Hora		3. Día		4. Municipio de ocurrencia		5. Evento relacionado a colisión		14. Pasión		55. Arbol		Código
6. Sitio Accidente (calle o carretera - kilómetro-hectómetro)		7. Código del Sitio o Localización		8. Clasificación Funcional y Federal		9. Tipo de colisión		10. Vehículo		11. Número de Pasión		56. Beca incendio		
10. Vehículo		11. Número de Pasión		12. Número de Her.		13. Número de Muer.		14. Clase Accidente		15. Dos Vehículos		57. Buzón Correo		Código
15. Nombre Conductor Veh. # 1 (paterno, materno, nombre)		16. Sexo		17. Edad		18. Teléfono		19. Ocupación		16. Tras o más Vehículos		58. Rotura Tránsito		
20. Calle		21. Urbanización		22. Pueblo		23. Zip		24. Años Cond.		25. Autorizado		26. Asegurado		Código
27. Lic. Estado		28. Lic. Número		29. Tipo de Licencia		30. Seguro Social		31. Condición (apreciación)		32. Análisis		33. Niv. Alcoh.		
34. Año Veh.		35. Marca		36. Modelo		37. Número de Tabilla		38. Estado		39. Inspección		40. Inspección		
41. Nombre Dueño		42. Calle		43. Urbanización		44. Pueblo		45. Tipo de Licencia		46. Seguro Social		47. Condición (apreciación)		
48. Tipo		49. Uso		50. Carga Peligro		51. Arrastre		52. Defecto Mec. Veh. Cont.		53. Circule en Diagrama las áreas afectadas		54. Bajo Chasis		
55. Límite Vel.		56. Velo. Est.		57. Cint. Prov.		58. Cint. Uso		59. Veh. Movl.		60. Circ.		61. Maniobra		
62. Nombre Conductor Veh. # 2 (paterno, materno, nombre)		63. Sexo		64. Edad		65. Teléfono		66. Ocupación		67. Calle		68. Urbanización		
69. Año Veh.		70. Marca		71. Modelo		72. Número de Tabilla		73. Estado		74. Inspección		75. Inspección		
76. Nombre Dueño		77. Calle		78. Urbanización		79. Pueblo		80. Zip		81. Tipo de Licencia		82. Seguro Social		
83. Tipo		84. Uso		85. Carga Peligro		86. Arrastre		87. Defecto Mec. Veh. Cont.		88. Circule en Diagrama las áreas afectadas		89. Bajo Chasis		
90. Límite Vel.		91. Velo. Est.		92. Cint. Prov.		93. Cint. Uso		94. Veh. Movl.		95. Circ.		96. Maniobra		
97. Nombre Conductor Veh. # 3 (paterno, materno, nombre)		98. Sexo		99. Edad		100. Teléfono		101. Ocupación		102. Calle		103. Urbanización		
104. Año Veh.		105. Marca		106. Modelo		107. Número de Tabilla		108. Estado		109. Inspección		110. Inspección		
111. Nombre Dueño		112. Calle		113. Urbanización		114. Pueblo		115. Zip		116. Tipo de Licencia		117. Seguro Social		
118. Tipo		119. Uso		120. Carga Peligro		121. Arrastre		122. Defecto Mec. Veh. Cont.		123. Circule en Diagrama las áreas afectadas		124. Bajo Chasis		
125. Límite Vel.		126. Velo. Est.		127. Cint. Prov.		128. Cint. Uso		129. Veh. Movl.		130. Circ.		131. Maniobra		
132. Observaciones Contribuyentes		133. Observaciones del Conductor		134. Observaciones de Testigos		135. Observaciones de Otros		136. Observaciones de Otros		137. Observaciones de Otros		138. Observaciones de Otros		

ESTADO LIBRE ASOCIADO DE PUERTO RICO
POLICIA DE PUERTO RICO
Informe de Accidente de Tránsito
(Continuación)

PPR-93
REV. 01/88
PAG. 2

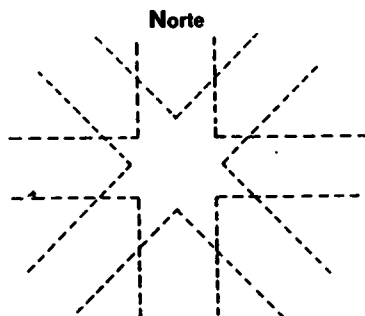
Núm. Querrela _____
Núm. Informe _____
Area _____



NOMBRE DE HERIDOS O MUERTOS	115. Nombre	115A. VEH.	116. Sexo	117. Edad	118. Heridos	119. Tipo Lesión	120. Expulsión	121. Primeros Auxilios por	Equipo de Seguridad		
	122. Dirección									Cinturón Falda 03 - En uso	Pasión/Ciclista 16 - Vestimenta
	123. Transportado a:									Equil. Seg. Motora 10 - Utiliza casco	96 - Ninguno en uso
	124. Transportado por:									Equil. Seg. Niños 29 - Asiento para niño	99 - Desconocido
	125. Nombre	125A. VEH.	126. Sexo	127. Edad	128. Heridos	129. Tipo Lesión	130. Expulsión	131. Primeros Auxilios por	Cinturón Falda 03 - En uso	Pasión/Ciclista 16 - Vestimenta	
	132. Dirección									Equil. Seg. Motora 10 - Utiliza casco	96 - Ninguno en uso
	133. Transportado a:									Equil. Seg. Niños 29 - Asiento para niño	99 - Desconocido
	134. Transportado por:									Equil. Seg. Niños 29 - Asiento para niño	165. <input type="checkbox"/>
	135. Nombre	135A. VEH.	136. Sexo	137. Edad	138. Heridos	139. Tipo Lesión	140. Expulsión	141. Primeros Auxilios por	Cinturón Falda 03 - En uso	Pasión/Ciclista 16 - Vestimenta	
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143. Transportado a:									Equil. Seg. Niños 29 - Asiento para niño	99 - Desconocido	
144. Transportado por:									Equil. Seg. Niños 29 - Asiento para niño	166. <input type="checkbox"/>	
145. Nombre	145A. VEH.	146. Sexo	147. Edad	148. Heridos	149. Tipo Lesión	150. Expulsión	151. Primeros Auxilios por	Cinturón Falda 03 - En uso	Pasión/Ciclista 16 - Vestimenta		
152. Dirección									Equil. Seg. Motora 10 - Utiliza casco	96 - Ninguno en uso	
153. Transportado a:									Equil. Seg. Niños 29 - Asiento para niño	99 - Desconocido	
154. Transportado por:									Equil. Seg. Niños 29 - Asiento para niño	167. <input type="checkbox"/>	
155. Nombre	155A. VEH.	156. Sexo	157. Edad	158. Heridos	159. Tipo Lesión	160. Expulsión	161. Primeros Auxilios por	Cinturón Falda 03 - En uso	Pasión/Ciclista 16 - Vestimenta		
162. Dirección									Equil. Seg. Motora 10 - Utiliza casco	96 - Ninguno en uso	
163. Transportado a:									Equil. Seg. Niños 29 - Asiento para niño	99 - Desconocido	
164. Transportado por:									Equil. Seg. Niños 29 - Asiento para niño	168. <input type="checkbox"/>	
Anotar los siguientes códigos correspondientes a los heridos o muertos.		Heridos 1. Conductor 2. Pasajero 3. Peatón 4. Ciclista	5. Motociclista 96 - No aplica 97 - Otro	Tipo de Lesión 02 - Herido Leve 03 - Herido 04 - Muerto 99 - Se desconoce	Expulsión 00 - Ninguna 02 - Completa 03 - Parcial	04 - Atrapado 96 - No aplica 99 - Desconocido	Primeros Auxilios por 1. Ambulancia 2. Médico 3. Paramédico 4. Policía	97 - Otro 98 - Ninguno 99 - Desconocido			
172. Descripción del accidente. Utilice la hoja suplementaria para la descripción del accidente. Para más de dos vehículos o 5 heridos y/o muertos utilice sets adicionales.											
173. Defectos en carril: 04 - Paseo/Cuneta-baja 05 - Paseo/Cuneta-alta 06 - Hoyos, etc. 97 - Otro 98 - Ninguno	174. Superficie: 04 - Sin pavimentar 15 - Asfalto 18 - Concreto 21 - Ladrillo 97 - Otro	175. Condición: 01 - Seco 02 - Mojado 06 - Fangoso 97 - Otro	176. ¿Accidente relacionado con zona de construcción? 1. Si 2. No	177. Materiales relacionados a colisión: 02 - Rocas 03 - Árboles 04 - Tierra 05 - Grava 06 - Arena	178. Fuente de Materiales: 02 - Naturaleza 03 - Pérdida Carga de veh. 04 - Objeto en carril caído de veh.	179. Características de carretera: 1. Recta-llana 2. Recta-cuesta abajo 3. Recta-cuesta arriba 5. Curva-llana 6. Curva-cuesta abajo	180. Visión obstruida por: 01 - Edificios 02 - Rótulos 03 - Árboles 05 - Colinas 06 - Curva en carril 07 - Nebina 08 - Vehículos	181. Control de Tránsito: 01 - Policía 05 - Control peatonal 06 - Semáforo 07 - Semáforo intermitente 08 - Señal de pare	182. ¿Control en función? 1. Si 2. No 3. N/A	183. Carriles opuestos separados por: 1. Isleta 2. Línea sencilla 3. Línea doble 4. Barrera hormigón	184. Carriles: 1. Un carril 2. Dos carriles 3. Tres carriles 4. Cuatro carriles
185. Visibilidad: 01 - De día 02 - Amanecer 03 - Atardecer 05 - Oscuro alumbrado	06 - Oscuro no alumbrado 99 - Desconocido	187. Clima: 01 - Nebina 04 - Viento 05 - Claro 06 - Nublado 07 - Lluvioso 97 - Otro	188. Zona: 01 - Residencial 02 - Industrial 04 - Comercial 05 - Escolar 06 - Parque	08 - Rural 97 - Otro	189. Daños a propiedad no vehicular: 1. Ninguna visible 2. Poco 3. Moderado 4. Severo	194. Descripción de propiedad afectada: Descripción: _____ Nombre dueño: _____ Dirección: _____	190. Hora notificación a Policía: ____ A.M. ____ P.M.	191. Hora Policía llegó: ____ A.M. ____ P.M.	192. Hora notificación a SEM: ____ A.M. ____ P.M.	193. Hora SEM llegó: ____ A.M. ____ P.M.	195. Nombre del testigo: _____ 196. Dirección: _____ 197. Teléfono: _____ 198. Nombre del testigo: _____ 199. Dirección: _____ 200. Teléfono: _____
201. Nombre Policía (Letra de molde)		202. Placa del Policía		203. Precinto - Distrito o Unidad de Trabajo		204. Firma Policía Investigador		205. Fecha		206. Nombre Supervisor (Letra de molde)	
						207. Firma del Supervisor		208. Fecha			

AREA

DESCRIPCION DEL ACCIDENTE

Indique lo que sucedió
en este diagrama



1. Dibuje con líneas sólidas los carriles o carr.
2. Nombre las calles o carreteras
3. Ilustre los vehículos o peatones así
 Vehículos 
 Peatones 
4. Las flechas con líneas sólidas indican dirección antes del impacto, use líneas cortadas para flechas que indican dirección después del impacto.

INVESTIGACION REALIZADA

01 En el sitio del accidente

02 Fuera del sitio del accidente ☐

NARRATIVO DEL ACCIDENTE

Haga un breve resumen de como sucedio el accidente. Diga nombre de los testigos y resolución del juez. Incluya cualquier otra información.

Nombre del Policía Investigador (Letra de molde)

Placa del Policía Investigador

Firma Policía Investigador

Fecha (Día-Mes-Año)

Firma de Supervisor

Fecha (Día-Mes-Año)

AREA

Original size document – 8-1/2 X 11

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Government of the Virgin Islands of the United States UNIFORM TRAFFIC ACCIDENT REPORT

Form Approved
February 1978


NUMBER _____

DATE				DAY OF WEEK							TIME OF DAY		RESPONSE TIMES		ACCIDENT LOCATION:	
MO.	DAY	YR.		SUN.	MON.	TUE.	WED.	THU.	FRI.	SAT.		(0001 TO 2400 HR)		(0001 TO 2400 HR)		
																1 <input type="checkbox"/> CHRISTIANSTED - IN TOWN
ON _____ ROAD OR STREET												POLICE DISPATCHED _____		2 <input type="checkbox"/> FREDERIKSTED - IN TOWN		
AT _____ ROAD OR STREET												POLICE ARRIVED _____		3 <input type="checkbox"/> ST. CROIX - NOT IN TOWN		
OR BETWEEN _____ ROAD OR STREET												AMBULANCE ARRIVED _____		4 <input type="checkbox"/> CRUZ BAY - IN TOWN		
AND _____ ROAD OR STREET												TRAFFIC FLOW RESTORED _____		5 <input type="checkbox"/> ST. JOHN - NOT IN TOWN		
_____ FEET		N S E W		OF _____ ROAD OR STREET										6 <input type="checkbox"/> CHARLOTTE AMALIE - IN TOWN		
_____ METERS				AT KILOMETER POST NUMBER _____										7 <input type="checkbox"/> ST. THOMAS - NOT IN TOWN		
OR BETWEEN Km POSTS _____ AND _____																

COLLISION INVOLVED:		0 VEHICLE-VEHICLE	4 VEHICLE-ANIMAL	8 HAZARDOUS MATERIAL	SEVERITY:	
TOTAL NO. OF VEHICLES <input type="text"/>		1 VEHICLE-OBJECT	5 NON-COLLISION	9 OTHER (WRITE) _____	NO. KILLED <input type="checkbox"/> DAMAGE ONLY	
		2 VEHICLE-PEDESTRIAN	6 HIT & RUN		NO. INJURED <input type="checkbox"/> DAMAGE TO OBJECTS _____	
		3 VEHICLE-BICYCLE	7 STOLEN VEHICLE			

OBJECT OR ANIMAL STRUCK	LOCATION OF OBJECT OR ANIMAL	N	S	E	W
	<input type="checkbox"/> IN ROADWAY _____ FEET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		OF ROAD EDGE			

DRIVER NO. 1	DRIVER'S NAME-LAST FIRST MIDDLE				DRIVER NO. 2	DRIVER'S NAME-LAST FIRST MIDDLE					
	STREET ADDRESS					STREET ADDRESS					
	CITY		STATE	ZIP CODE		PHONE NO.	CITY		STATE	ZIP CODE	PHONE NO.
	DRIVER'S LICENSE NO.		STATE	SEX		DATE OF BIRTH	DRIVER'S LICENSE NO.		STATE	SEX	DATE OF BIRTH
	LEARNER <input type="checkbox"/> TEMPORARY <input type="checkbox"/> REGULAR <input type="checkbox"/>					LEARNER <input type="checkbox"/> TEMPORARY <input type="checkbox"/> REGULAR <input type="checkbox"/>					
	ENTER CODE FOR THE FOLLOWING: (OBTAIN CODE FROM BOTTOM OF THIS PAGE.)					ENTER CODE FOR THE FOLLOWING: (OBTAIN CODE FROM BOTTOM OF THIS PAGE.)					
	* <input type="checkbox"/> INJURY CLASS † <input type="checkbox"/> SEAT BELT ‡ <input type="checkbox"/> EJECTION					* <input type="checkbox"/> INJURY CLASS † <input type="checkbox"/> SEAT BELT ‡ <input type="checkbox"/> EJECTION					
	NATURE OF INJURIES					NATURE OF INJURIES					
	REMOVED FROM SCENE BY: TO:					REMOVED FROM SCENE BY: TO:					
	VEHICLE NO. 1	VEH. YEAR	MAKE	MODEL		BODY STYLE	VEHICLE NO. 2	VEH. YEAR	MAKE	MODEL	BODY STYLE
VEH. COLOR		LIC. PLATE NO.	STATE	TRAILER PLATE NO.	STATE	VEH. COLOR		LIC. PLATE NO.	STATE	TRAILER PLATE NO.	STATE
VEHICLE IDENTIFICATION NUMBER		ODOMETER		VEHICLE IDENTIFICATION NUMBER		ODOMETER					
REGISTERED OWNER-LAST FIRST MIDDLE				REGISTERED OWNER-LAST FIRST MIDDLE							
ADDRESS OF OWNER				ADDRESS OF OWNER							
NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT				NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT							
CHARGE		CITATION NUMBER		CHARGE		CITATION NUMBER					

NAME, ADDRESS AND INJURIES OF OTHER PERSONS INVOLVED (NOT AS VEHICLE DRIVERS)						CODES	§	-		*	†	‡											
NAME:						Sex	Age	Status	In. Veh. No.	Seat Pos.	Inj. Class	Seat Belt	Eject.										
ADDRESS:																							
NATURE OF INJURIES:	REMOVED FROM SCENE BY: TO:																						
NAME:																							
ADDRESS:																							
NATURE OF INJURIES:	REMOVED FROM SCENE BY: TO:																						
NAME:																							
ADDRESS:																							
NATURE OF INJURIES:	REMOVED FROM SCENE BY: TO:																						
NAME:																							
ADDRESS:																							
NATURE OF INJURIES:	REMOVED FROM SCENE BY: TO:																						
* INJURY CLASS 1. NO INJURY 5. DISABLING INJURY † SEAT BELT 2. DEAD AT SCENE 6. NON-DISABLING (EVIDENT) INJURY 2. NOT INSTALLED 3. DEAD ON ARRIVAL 7. POSSIBLE INJURY 3. USED 2. NOT IN USE 4. DIED IN HOSPITAL 8. UNKNOWN IF INJURED 4. UNKNOWN 5. SEAT BELT FAILURE						‡ EJECTION 1. NOT EJECTED 2. TOTALLY EJECTED 3. PARTIALLY EJECTED 4. UNKNOWN IF EJECTED						§ STATUS 1. PASSENGER 2. PEDESTRIAN 3. BICYCLIST						SEAT POSITION  7. OTHER POSITION (BUS-MOTOR-CYCLE) 8. POSITION UNKNOWN					

Virgin Islands

CRITICAL AUTOMATED DATA REPORTING ELEMENTS (CADRE)

Critical Automated
Data Reporting
Elements

1. MANNER OF COLLISION

- 0 - Not Collision with Motor Vehicle in Transport
- 1 - Rear-End
- 2 - Head-On
- 3 - Rear-to-Rear
- 4 - Angle
- 5 - Sideswipe, Same Direction
- 6 - Sideswipe, Opposite Direction
- 9 - Unknown

2. FIRST HARMFUL EVENT

Noncollision

- 01 - Overturn
- 02 - Fire/Explosion
- 03 - Immersion
- 04 - Jackknife
- 07 - Other Noncollision

Collision with object not fixed

- 08 - Pedestrian
- 09 - Pedacycle
- 10 - Railway Train
- 11 - Animal
- 12 - Motor Vehicle in Transport
- 13 - Motor Vehicle in Transport in Other Roadway
- 14 - Parked Motor Vehicle
- 15 - Other Object (not fixed)

Collision with fixed object

- 20 - Impact Attenuator
- 21 - Bridge/Pier/Abutment
- 22 - Bridge Parapet End
- 23 - Bridge Rail
- 24 - Guardrail Face
- 25 - Guardrail End
- 26 - Median Barrier
- 27 - Highway Traffic Sign Post
- 28 - Overhead Sign Support
- 29 - Luminaire/Light Support
- 30 - Utility Pole
- 31 - Other Post
- 32 - Culvert
- 33 - Curb
- 34 - Ditch
- 35 - Embankment
- 38 - Fence
- 40 - Mail Box
- 42 - Tree

- 43 - Other Fixed Object
- 99 - Unknown

3.. Relation to Roadway

- 1 - On Roadway
- 2 - Shoulder (other than Shoulder within Median or Gore)
- 3 - Median (other than Median within Gore)
- 4 - Outside Shoulder - Left
- 5 - Outside Shoulder - Right
- 6 - Off Roadway-Location Unknown
- 7 - Gore
- 8 - Unknown

4. Maximum Speed Limit

Actual Post Speed Limit
Unknown

5. Roadway Linkage

City
County
State
Milepoint
Trafficway Identifier
Route Signing
Other

6. Most Harmful Event

Noncollision

- 01 - Overturn
- 02 - Fire/Explosion
- 03 - Immersion
- 04 - Jackknife
- 07 - Other Noncollision

Collision with object not fixed

- 08 - Pedestrian
- 09 - Pedacycle
- 10 - Railway Train
- 11 - Animal
- 12 - Motor Vehicle in Transport
- 13 - Motor Vehicle in Transport in Other Roadway
- 14 - Parked Motor Vehicle
- 15 - Other Object (not fixed)

Collision with fixed object

- 20 - Impact Attenuator
- 21 - Bridge/Pier/Abutment
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- 23 - Bridge Rail
- 24 - Guardrail Face
- 25 - Guardrail End
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- 27 - Highway Traffic Sign Post
- 28 - Overhead Sign Support
- 29 - Luminaire/Light Support
- 30 - Utility Pole
- 31 - Other Post
- 32 - Culvert
- 33 - Curb
- 34 - Ditch
- 35 - Embankment
- 38 - Fence
- 40 - Mail Box
- 42 - Tree
- 43 - Other Fixed Object
- 99 - Unknown

7. Vehicle Identification Number (VIN)

VIN (17 positions)

8. Towed Due to Damage

- 1 - Yes
- 2 - No
- 3 - Unknown

9. Damaged Areas

- 00 - None
- 01 - Center Front
- 02 - Right Front
- 03 - Right Side
- 04 - Right Rear
- 05 - Center Rear
- 06 - Left Rear
- 07 - Left Side
- 08 - Left Front
- 09 - Top and Windows
- 10 - Undercarriage
- 11 - Total (all areas)
- 12 - Other
- 99 - Unknown

10. Extent of Deformity

- 0 - None
- 1 - Very Minor
- 2 - Minor
- 3 - Minor/Moderate
- 4 - Moderate
- 5 - Moderate/Severe
- 6 - Severe
- 7 - Very Severe
- 9 - Unknown

11. Seating Position

- 11 - Front Seat-Left Side (motorcycle driver)
- 12 - Front Seat-Middle
- 13 - Front Seat-Right Side
- 21 - Second Seat-Left Side (motorcycle passenger)
- 22 - Second Seat-Middle
- 23 - Second Seat-Right Side
- 31 - Second Seat-Left Side (motorcycle passenger)
- 32 - Second Seat-Middle
- 33 - Second Seat-Right Side
- 50 - Sleeper Section of Cab (truck)
- 51 - Passenger in other enclosed passenger or cargo area (non-trailing unit)
- 52 - Passenger in other unenclosed passenger or cargo area (non-trailing unit)
- 54 - Trailing Unit
- 55 - Riding On Vehicle Exterior (non-trailing unit)
- 88 - Pedestrian (nonoccupant)
- 99 - Unknown

12. Occupant Protection System Used

- 0 - None Used-Vehicle Occupant
- 1 - Shoulder Belt Only Used
- 2 - Lap Belt Only Used
- 3 - Shoulder and Lap Belt Used
- 4 - Child Safety Seat Used
- 5 - Helmets Used
- 6 - Not Applicable-Nonmotorist
- 9 - Restraint Use Unknown

13. Air Bag Deployed

- 3 - Deployed
- 4 - Nondeployed
- 8 - Not Applicable
- 9 - Unknown

14. Date of Birth

0000-9999 - Year of Birth
01-12 - Month of Birth
01-31 - Day of Birth
99999999 - Unknown

15. Ejection

0 - Not Applicable
1 - Not Ejected
2 - Totally Ejected
3 - Partially Ejected
9 - Unknown

16 - Trapped/Extricated

0 - Not Applicable
1 - Not Trapped
2 - Trapped/Extricated
3 - Trapped/Not Extricated
4 - Unknown

17 - Transported to Medical Facility

0 - No
1 - Yes
9 - Unknown

18 - Alcohol/Drug Involvement

Alcohol/Drugs Present
0 - Neither Alcohol or Drugs Present
1 - Yes (alcohol present)
2 - Yes (drugs present)
3 - Yes (alcohol and drugs Present)
7 - Not Reported
9 - Unknown

Alcohol

00-94 - Actual BAC Value
95 - Test Refused
96 - None Given
97 - Test Given, Results Unknown
99 - Unknown

Drugs

0 - Not Given
1 - No Drugs Reported
2 - Drugs Reported (specify)
7 - Not Reported
9 - Unknown

BLANK

Key NGA-Recommended Accident Data Elements

(Elements applicable only to truck and bus accidents)

1. CARRIER IDENTIFICATION

- 1a. Name
- 1b. Mailing Address:
 - Street or P.O. Box
 - City
 - State (two-letter code)
 - Zip Code
- 1c. Source of Name (please check)
 - 1. Shipping Papers (truck) or Trip Manifest (bus)
 - 2. Side of Vehicle
 - 3. Driver
- 1d. Carrier's Identification Numbers
 - US DOT (6 digits)
 - ICC MC (6 digits)

If none of the above

 - State (indicate state and number)
 - No number

2. VEHICLE CONFIGURATION

- 1. Bus (seats for more than 15 people, including driver)
- 2. Single-unit truck (2-axle, 6-tire)
- 3. Single-unit truck (3-or-more axles)
- 4. Truck/Trailer
- 5. Truck Tractor (bobtail)
- 6. Tractor/Semi-trailer
- 7. Tractor/Doubles
- 8. Tractor/Triples
- 9. Unknown Heavy Truck, cannot classify

3. TOTAL NUMBER OF AXLES ON VEHICLE, INCLUDING TRAILERS

4. CARGO BODY TYPE

- 1. Bus (seats for more than 15 people, including driver)
- 2. Van/Enclosed Box
- 3. Cargo Tank
- 4. Flatbed
- 5. Dump
- 6. Concrete Mixer
- 7. Auto Transporter
- 8. Garbage/Refuse
- 9. Other

5. HAZARDOUS MATERIALS INVOLVEMENT

- 5a. Did this vehicle have a hazardous materials placard? (yes, no)
Answer the following questions ONLY if response to 5a. is yes.
- 5b. Indicate from the hazardous materials placard:
 - (1) 4-digit placard number or name taken from the middle of the diamond or from the rectangular box (yes, no)
 - (2) 1-digit placard number from bottom of diamond (yes, no)
- 5c. Was *hazardous cargo* from the placarded truck released? (yes, no)
(Do not count fuel from the vehicle fuel tank.)

6. GROSS VEHICLE WEIGHT RATING

7. SEQUENCE OF ACCIDENT EVENTS (for this vehicle)

Sequence	Event
1 2 3 4	Ran Off Road
1 2 3 4	Jackknife
1 2 3 4	Overturn (Rollover)
1 2 3 4	Downhill Runaway
1 2 3 4	Cargo Loss or Shift
1 2 3 4	Explosion or Fire
1 2 3 4	Separation of Units
1 2 3 4	Collision Involving Pedestrian
1 2 3 4	Collision Involving Motor Vehicle in Transport
1 2 3 4	Collision Involving Parked Motor Vehicle
1 2 3 4	Collision Involving Train
1 2 3 4	Collision Involving Pedalcycle
1 2 3 4	Collision Involving Animal
1 2 3 4	Collision Involving Fixed Object
1 2 3 4	Collision Involving Other Object
1 2 3 4	Other

Other NGA-Recommended Data Elements

(Those that would be applicable to any motor vehicle accident)

1. REPORTING AGENCY
2. AGENCY ACCIDENT NUMBER
3. OFFICER BADGE NUMBER
4. DATE OF THE ACCIDENT (month/day/year)
5. TIME OF THE ACCIDENT (hours:minutes; a.m./p.m.)
6. ACCIDENT LOCATION: State (two-letter code)
 County
 City or Township
7. TOTAL NUMBER OF VEHICLES INVOLVED IN THE ACCIDENT
8. DRIVER IDENTIFICATION
 - 8a. Truck or Bus Driver's Name (last/first/middle)
 - 8b. Driver's License Number
 - 8c. Driver's License: State (two-letter code)
 - 8d. Driver's Date of Birth (month/day/year)
9. TRUCK/TRUCK TRACTOR IDENTIFICATION
 - 9a. Vehicle Identification Number (VIN)
 - 9b. Truck/Truck Tractor Vehicle License Number (state and number)
10. TRAFFICWAY
 1. Not Physically Divided (2-way trafficway)
 2. Divided Highway, Median Strip, *Without* Traffic Barrier
 3. Divided Highway, Median Strip, *With* Traffic Barrier
 4. One-Way Trafficway
11. ACCESS CONTROL
 1. No Control (unlimited access)
 2. Full Control (*only* ramp entry and exit)
 3. Other
12. WEATHER CONDITION
 1. No Adverse Condition
 2. Rain
 3. Sleet, Hail
 4. Snow
 5. Fog
 6. Blowing Sand, Soil, Dirt, or Snow
 7. Severe Crosswinds
 8. Other
 9. Unknown

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SAMPLE SUPPLEMENTAL TRUCK & BUS ACCIDENT REPORT

WHEN TO USE THIS FORM: Answers to questions below determine use.

Did this accident involve —

1. a truck with at least 2 axles, 6 tires or haz mat placard? ☐ Yes ☐ No

2. a bus with seats for more than 15 people, including driver? ☐ Yes ☐ No

STOP - If response to both questions is "No," do not fill out form. If response is "Yes" to 1 or 2, proceed to question 3.

Did this accident result in —

3. person(s) fatally injured? ☐ Yes ☐ No

4. injured person(s) taken away for medical attention? ☐ Yes ☐ No

5. vehicle(s) towed from scene? ☐ Yes ☐ No

STOP - If response to 3, 4, and 5 is "No," do not complete this form. If response is "Yes" to 3, 4, or 5, please complete this form.

ACCIDENT INFORMATION		
A. Report/Accident Number State _____ Number _____		
B-1. Carrier's Identification Numbers US DOT _____ ICC MC _____ State Name _____ State Number _____		
B-2. Carrier's Name <div style="text-align: right; margin-top: 10px;"> Source (1) <input type="checkbox"/> Vehicle Side (2) <input type="checkbox"/> Shipping Papers (3) <input type="checkbox"/> Driver </div>		
C. Date of Accident Month _____ Day _____ Year _____	D. Time of Accident <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. </div> hours : minutes	
E-1. Accident Location: Number/Name of Highway/Street _____		
E-2. Township/City _____	E-3. County _____	
F-1. Truck or Bus Driver's Name Last _____ First _____ Middle Initial _____		
F-2. Driver's License Number _____	F-3. State _____	
G. Number of Fatalities as Result of Accident _____	H. Number of Injuries as Result of Accident _____	I. Was any vehicle towed as Result of Damage Received? (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No

NOTE: Adoption of this form or all data elements on this form meets all Office of Motor Carriers, Federal Highway Administration requirements for SAFETYNET, and the seven motor carrier specific data elements recommended by the National Governors' Association.

VEHICLE INFORMATION	
J. Gross Vehicle Weight Rating _____ lbs.	K. Axles on Vehicle (including trailers) _____
L. HAZARDOUS MATERIALS INVOLVEMENT L-1. Did vehicle have Haz Mat placard? (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No	
L-2. From placard indicate: <div style="display: flex; justify-content: space-between;"> <div>4-digit placard number or name from diamond or box</div> <div>1-digit number from bottom of diamond</div> </div> <div style="text-align: center; margin-top: 10px;"> - - - - - </div>	
L-3. Was HAZARDOUS CARGO from vehicle released? (Do not count fuel from fuel tank.) (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No	
M. Vehicle Configuration (check one) (1) <input type="checkbox"/> Bus (seats 15 or more, including driver) (2) <input type="checkbox"/> Single-Unit truck: 2 axles, 6 tires (3) <input type="checkbox"/> Single-unit truck: 3 or more axles (4) <input type="checkbox"/> Truck/trailer (5) <input type="checkbox"/> Truck tractor (bobtail) (6) <input type="checkbox"/> Tractor/semi-trailer (7) <input type="checkbox"/> Tractor/doubles (8) <input type="checkbox"/> Tractor/triples (9) <input type="checkbox"/> Heavy truck, cannot classify	
N. Cargo Body Type (check one) (1) <input type="checkbox"/> Bus (seats 15 or more including driver) (2) <input type="checkbox"/> Van/enclosed box (3) <input type="checkbox"/> Cargo tank (4) <input type="checkbox"/> Flatbed (5) <input type="checkbox"/> Dump (6) <input type="checkbox"/> Concrete mixer (7) <input type="checkbox"/> Auto transporter (8) <input type="checkbox"/> Garbage/refuse (9) <input type="checkbox"/> Other (i.e., multiple body types)	
O. Sequence of Events (for this vehicle) 1 2 3 4 Ran off road 1 2 3 4 Jackknife 1 2 3 4 Overturn (rollover) 1 2 3 4 Downhill runaway 1 2 3 4 Cargo loss of shift 1 2 3 4 Explosion or fire 1 2 3 4 Separation of units 1 2 3 4 Collision involving pedestrian 1 2 3 4 Collision involving motor vehicle in transport 1 2 3 4 Collision involving parked motor vehicle 1 2 3 4 Collision involving train 1 2 3 4 Collision involving pedalcycle 1 2 3 4 Collision involving animal 1 2 3 4 Collision involving fixed object 1 2 3 4 Collision involving other object 1 2 3 4 Other	

Supplemental Truck & Bus Accident Report

GENERAL INSTRUCTIONS

WHEN TO USE FORM

Only if accident meets both of the following criteria:

1. the accident involved a truck with at least two axles and six tires or a hazardous materials placard, or bus designed to carry more than 15 passengers, including driver.
2. The accident resulted in one or more of the following:
 - a. one or more fatalities,
 - b. one or more persons injured and taken from the scene for immediate medical attention, or
 - c. one or more vehicles involved in the accident had to be towed from the scene as a result of disabling damage.

WHAT TO FILL OUT

Complete all questions on form for any accident that qualifies as being reportable under the conditions above.

- Single truck or bus accidents — Complete all questions.
- Multiple truck or bus accidents — If more than one truck or bus was involved in the accident, complete all vehicle information questions in the right hand column plus questions B-D and F on a second form (and third or more, if needed). For question A enter the report number followed by A for the first vehicle, the report number followed by B for the second vehicle, etc.

DATA ELEMENT INSTRUCTIONS

ACCIDENT INFORMATION

- A. **Report/Accident Number:** Enter the report, accident, document, complaint, or other number that identifies the regular police accident report that collects other information on this accident.
- B. **Carrier's Identification:**
 - (1) **Carrier's identification numbers** — Enter the US DOT and ICC MC numbers, if the carrier has such numbers. Each of these numbers has 6 digits. If not, then enter the carrier's state ID number and the name of the state. (NOTE — SOME CARRIERS MIGHT NOT HAVE ANY OF THE THREE NUMBERS.)
 - (2) **Carrier's name** — Enter the name of the motor carrier company from the *first* available source (vehicle side, shipping papers, or driver) and check the appropriate box on the form.
 - (3) **Carrier's address** — Enter carrier's principal place of business.
- C. **Date of Accident:** Enter month, day, and year.
- D. **Time of Accident:** Enter hours, minutes; then check "a.m." or "p.m."
- E. **Location:** Enter number or name of highway or street, township or city, county, and state where accident occurred.
- F. **Driver's Identification:** Enter truck or bus driver's name, driver's license number, and state of issue.
- G. **Number of Fatalities as Result of Accident:** Enter number.
- H. **Number of Injuries as Result of Accident:** Enter number.
- I. **Vehicle Towaway:** Check appropriate response.

VEHICLE INFORMATION

- J. **Gross Vehicle Weight Rating:** Enter rating number.
- K. **Total Number of Axles on Vehicle:** Enter the total number of axles on the truck or bus. Include the axles on truck semi-trailers and trailers.
- L. **Hazardous Materials Involvement:**
 - (1) Respond by checking "Yes" or "No" — IF THE ANSWER IS "NO" DO NOT COMPLETE (2) AND (3).
 - (2) Enter the 4-digit number OR the name from either the middle of the diamond placard OR the rectangular box placard.
 - (3) Respond by checking "Yes" or "No."
- M. **Vehicle Configuration:** Check appropriate box.
- N. **Cargo Body Type:** Check appropriate box.
- O. **Sequence of Accident Events:** (ENTER INFORMATION ONLY FOR THE TRUCK OR BUS IN QUESTION.) Circle one to four events that happened to the truck or bus in the order in which they occurred.

**STATE COORDINATORS FOR POLICE ACCIDENT REPORT FORMS
AND STATE CRASH REPORTING THRESHOLD**

<u>STATE</u>	<u>CONTACT</u>	<u>PHONE</u>	<u>REPORTING* THRESHOLD</u>
Alabama	Win Peacock	(334) 242-4423	\$250
Alaska	Ronald Otte	(907) 465-4322	\$500
Arizona	Jim Williams	(602) 255-7132	\$1000
Arkansas	Mike Selig	(501) 569-2642	\$500
California	Terry Burke	(916) 657-7432	\$500
Colorado	Sandy Sellers	(303) 572-5824	\$1000
Connecticut	Mario Tonarelli	(806) 594-2073	\$1000
Delaware	Douglas Hancock	(302) 739-5938	\$500
Dist. of Columbia	Lionel Millard	(202) 727-4443	All Crashes
Florida	Dick Zeller	(904) 488-5686	\$500
Georgia	Brenda Raines	(404) 624-7835	\$500
Hawaii	Paul Hamamoto	(808) 587-2171	\$500
Idaho	Marie Bishop	(208) 334-8101	\$750
Illinois	Rick Meyers	(217) 782-2575	\$500
Indiana	Dwayne James	(317) 494-7011	\$750
Iowa	Scott Falb	(515) 237-3154	\$500
Kansas	Nancy Mattson	(913) 296-7452	\$500

*The crash reporting threshold is for property damage only. All crashes with injuries are reported.

State Coordinators/
State Crash Threshold

<u>STATE</u>	<u>CONTACT</u>	<u>PHONE</u>	<u>REPORTING* THRESHOLD</u>
Kentucky	Mark Haynes	(502) 227-8700	\$500
Louisiana	Dan Magri	(504) 925-6991	\$100
Maine	Mike Martin	(207) 624-8756	\$500
Maryland	Manu Shaw	(410) 787-5825	\$500
Massachusetts	Pat Halloran	(617) 351-9414	\$1000
Michigan	Judy Snow	(517) 334-5198	\$400
Minnesota	Karen Spratler	(612) 296-9490	\$500
Mississippi	Ron Sennett	(601) 359-7880	\$250
Missouri	Jim Watson	(314) 526-6113	\$500
Montana	Ray Jenkins	(406) 444-3278	\$400
Nebraska	Bob Grant	(402) 479-4545	\$500
Nevada	Irene Letiaio	(702) 687-3469	\$500
New Hampshire	Ed Crabtree	(603) 271-2131	\$1000
New Jersey	Al Tindal	(609) 633-9028	\$500
New Mexico	H. Allen Fenner	(505) 827-0360	\$500
New York	Helen Shufon	(518) 474-0646	\$1000
North Carolina	Rosa Gill	(919) 733-2725	\$500
North Dakota	Tom Tooley	(701) 328-4397	\$1000
Ohio	Richard Paddock	(614) 466-3250	\$150

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<u>STATE</u>	<u>CONTACT</u>	<u>PHONE</u>	<u>REPORTING* THRESHOLD</u>
Oklahoma	Bill Hollars	(405) 425-2192	\$300
Oregon	Shirley St. John	(503) 945-5030	\$500
Pennsylvania	William Hunter	(717) 783-8135	All Crashes
Rhode Island	Robert Connors	(401) 277-4640	\$500
South Carolina	Max Young	(803) 896-8387	\$400
South Dakota	Creighton Miller	(605) 773-4108	\$500
Tennessee	Ben Daley	(615) 251-5315	\$400
Texas	James Templeton	(512) 465-2299	Vehicle Towed
Utah	Marilee Gomez	(801) 225-0573	\$750
Vermont	Bonnie Rutledge	(802) 828-2066	All Crashes
Virginia	David Mosley	(804) 367-1143	\$1000
Washington	Debra Cole	(360) 705-5182	\$500
West Virginia	Carlin Kendrick	(304) 558-3063	All Crashes
Wisconsin	Mike Schumacher	(608) 267-1856	\$500
Wyoming	Dee West	(307) 777-4274	\$500
Puerto Rico	Albert Gonzalez	(809) 723-3590	All Crashes
Virgin Islands	Heratio Kier	(809) 772-3025	All Crashes

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December 1995